

Norman Regional Laboratory Services (NRLS)

Request for Copia Deceased Patient Deactivation

•	Comp	lete	Form
---	------	------	------

• Fax to 405-515-5069, Attn: Copia Admin

Completed by Practice:

I hereby request that Norman Regional Laboratory Services (NRLS) deactivate the below named deceased patient from active status in the NRLS web portal.

I understand that this request removes the deceased patient from patient searches only and that this action is not permanent in nature. A patient may be reactivated by request. No historical patient orders, results, or other patient information is deleted or altered in any manner by this action. The historical patient records are retained indefinitely and can be accessed by the organization at all times.

Patient Last Name	Patient First Name	Patient DOB	
Organization Name			
Director Signature			