

# LETTER OF CONSENT

Date: \_\_\_\_\_

To: **Quest Laboratories Pte Ltd (“Quest”)**

I, \_\_\_\_\_ MCR No. \_\_\_\_\_  
(Doctor Name)

of \_\_\_\_\_ (“Clinic”)  
(Clinic Name)

## **Attention: The Officer-in-charge**

We consent to Quest Laboratories Pte Ltd (“Quest”) electronically transmitting all my Clinic’s patients’ pathology requests and test results (“Patient Data”) to the electronic platform operated by Assurance Technology Pte Ltd (“Service Provider”).

We understand the risks that are inherent in electronic transmissions, and that there may be unauthorised or unintended access by others that is beyond Quest’s control despite Quest having taken reasonable precautions, and for which Quest cannot be held responsible

Yours faithfully

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Clinic Stamp)

Copy: Assurance Technology Pte Ltd (CMS vendor)