



Patient Complaint Form

Patient Name _____

Date of Birth _____

Address _____

City/State/Zip _____

Telephone _____ Fax Number _____
(include area code) (include area code)

Describe the nature of your complaint:

Name of Patient or
Personal Representative *(PLEASE PRINT)* _____

Signature of Patient or
Personal Representative: _____ Date: _____
(If Personal Representative, include a description of authority to act for patient)

Please submit this form directly to: Privacy Officer: E-mail: ARDx_PrivacyOfficer@Abbott.com Toll-free: 866-943-6964 Fax: 913-234-4539, Abbott 100 Abbott Park Road, .Dept. O36X Bldg. AP06A, Abbott Park, IL 60064. If you have any questions, please contact the Privacy Officer via email at: ARDx_PrivacyOfficer@Abbott.com

Please check appropriate Company below:

Alere Toxicology Acelis Connected Health Redwood Toxicology