



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@Alere.com
Toll-free: 866-943-6964 Fax: 913-234-4539, Abbott 2900 Delk Road, Suite 700, PMB 301 Marietta, GA 30067-5350. If you have any questions, please contact the Privacy Officer via email at:
ARDx_PrivacyOfficer@Alere.com

Please check appropriate Company below:

Alere Toxicology

Acelis Connected Health Services

Acelis Connected Health Supplies

Redwood Toxicology