



SUBJECT ACCESS REQUEST

Name								
Address								
Date of Birth								
Request type	Access to medical records act request		GDPR Subject access request		Test Results		Immunisations report	
Is there specific information required?								
Signed & dated by data subject (Where present to do so)								
Date received and by whom								
Details of ID verification								
Subject access request processing								
For Blood test results authorizing Doctor's name, signature								
Name & signature of person who completed request								
GGP SAR Reference number								
Payable fees	Is a fee payable?		Y / N		Fee payable			
Collection of information								
Date information available for collection								
Date information provided to data subject								
Signature of data subject upon collection								

