

Anatomic Pathology Specimen Release
RELEASE TO THE PATIENT OR DESIRED FACILITY

Date of Release: _____

Patient Name: _____

Medical Record Number or DOB: _____

Ordering Physician: _____

Recipient Name: _____

Recipient Relationship to Patient: _____

Specimen Type: Formalin Fixed Paraffin Embedded Tissue (FFPE-Block)

Slides

Return patient material to UCI Health Anatomic Pathology Department

Ship To:

Attention To: _____

Address: _____

City: _____

Zip Code: _____

Telephone: _____

Recipient Signature _____ Print Name _____

Approval: _____

Laboratory Director or designee

The Department of Pathology and Laboratory Medicine is releasing this material to the patient or desired facility. The Department does not assume responsibility for the quality of, the medical necessity of, or the financial liability for subsequent testing performed elsewhere. Return all patient material within 30 days.