**PATIENT REQUEST & CONSENT FOR RELEASE OF ANATOMIC**

**PATHOLOGY MATERIALS**

Requests for materials take 3-4 business days for processing. Please address sections 1-5

thoroughly. Missing information below will cause further delay.

**FAX completed form to 877-640-6465 or 352-265-9901**

Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Requestor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Patient:  Self  Parent/Legal Guardian  Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Medical Record Number (if known) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Purpose of Release:  Second Opinion  Continuation of Care

Treatment/appointment at other facility\*  Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I request and authorize UF Health Pathology Laboratories to release healthcare information including reports, slides, blocks/ specimens of the patient named above to  SELF or  OTHER (fill in form below).

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building/Floor/Box:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/St/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Release Request: Please mark the box with your request including applicable case numbers and/or procedures dates

**\*NOTE:**  Please note upcoming appointment date if applicable:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Check Here | MATERIALS | CASE(S) or Date of Procedure |
|  | Slides |  |
|  | Blocks |  |
|  | Report |  |

1. Shipment: UF Health Pathology Laboratories will make every effort to expedite your request. We use regular US mail for materials shipment. UFHPL does not cover the cost of shipping by FedEx or UP. If these are required, payment is the responsibility of the patient/requestor. Please provide shipping account number or provide pre-paid shipping label /tracking information if FedEx/UPS shipping chosen.

Regular US Mail  FedEx \_\_\_\_\_\_\_\_\_\_\_\_\_\_  UPS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient pick up at UFHPL  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Patient/Guardian Signature (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Materials Release

Date materials received in Slide Control: \_\_\_\_\_\_\_\_\_Date of Sendout:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Slide Control Staff: \_\_\_\_\_\_