**UF HEALTH PATHOLOGY LABORATORIES**

**RELEASE OF MATERIAL REQUEST**

Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requesting Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Medical Record Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I request and authorize UF Health Pathology Laboratories to release healthcare information including reports, slides, blocks, images, and specimens of the patient named above to:

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Building/Floor/Box: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient/Guardian Signature (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Purpose of Release: [ ]  2nd Opinion [ ]  Continuation of Care [ ]  Research (Describe) [ ]  Other (Describe)

 Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Requested Material: Use applicable UF Health Pathology Laboratories case numbers and select your request.

 Fax Request to: **877-640-646**

UFHPL Case Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Material Needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Report [ ]  Slides [ ]  Images [ ]  Unstained Slides \_\_\_\_\_\_\_\_\_

Material Sent: [ ]  Report [ ]  Slides \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Images [ ]  Unstained Slides \_\_\_\_\_\_\_\_\_\_\_

1. Shipment: UF Health Pathology Laboratories will make every effort to expedite your request. Please provide shipping account number or provide pre-paid shipping label for FedEx/UPS.

 [ ]  FedEx \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  UPS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Patient Receipt [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please return all material, with findings, no more than 30 days of completion of review.