



Pathology - Material Request

Request for release of pathology materials. Please complete the information below.

Requestor/Institution name: _____
Requestor's Address: _____
Requestor's Phone: _____
Patient name: _____ DOB: _____
Accession number: _____

Materials Requested:

- Slides: _____
 Blocks: _____
 Report

Requestor is from:

- Office or ordering physician (client who submitted specimens to lab)
 Office of non-ordering, but treating physician. If request is for release, obtain approval from ordering physicians office: Approved by: _____
 Patient or patient's representative
 Other: _____

All material on loan (slides and/or blocks) must be returned within 30 days.

Signature of Requestor: _____ **Date:** _____