Authorization for
Pathology Slide/Specimen Referral

Date: _____________

Patient’s name: ____________________
Pathology number, if known: S___-________

Requested by: _____________________
If second opinion, name of the physician: ___________________________

Material:  □ Mailed, or to be released to:  □ Patient
           □ Patient’s representative  Relation to patient: __________

Reports: __________________________
Slides (number and label): __________________
Blocks (number and label): __________________

AUTHORIZATION:

I herewith authorize Advanced Pathology Laboratory to release the
slides/blocks of pathology specimen removed from me, to the Department of
Pathology/Laboratory at ____________________________________________.
I understand that I am responsible for any costs that may result from the
referral of this material.

Patient’ signature: ___________________

□ Mailed  □ Picked up by: ____________________
Proof of identification: ____________________