



2109 S. 48th Street, Suite 102 • Tempe, AZ 85282
Phone: 480.478.8000 • Fax: 480.478.8091

PATIENT'S RELEASE of MATERIALS

Accession #: _____ Patient Name: _____ DOB: _____

Materials released: SLIDES BLOCKS REPORT

I hereby authorize Clin-Path Diagnostics to release the above mentioned materials to the following facility or individual:

It is my understanding that the materials will not be issued until this form is signed and returned to Clin-Path Diagnostics 'Client Services' department. **You may email this form to clientservices@clinpath.com, HOWEVER, it must be sent ENCRYPTED due to HIPAA privacy concerns. Otherwise you may fax it to 480-478-8091.** Laboratory will have up to 30 days from receipt of completed form to expedite the request. If the patient desires to physically pick up the requested material, a copy of one's driver's license must be presented at time of receipt. Unless otherwise specified, materials will be mailed to the address noted below. Slides and blocks can be provided at the expense of the patient and/or medical facility making the request. **Please be advised, for patients picking up their own materials, it is best to contact Clin-Path Diagnostics 24 hours PRIOR to arrival. Please call 480-478-8000, option 1 (Client Services) to arrange pick-up.**

Release To:

_____ Date: _____ Time: _____

Patient Signature

_____ Phone: _____

Relationship to Patient

Address of patient if the report is being mailed:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Fed Ex Account # requesting slides and/or blocks: _____

RETURN MATERIALS TO CLIN-PATH DIAGNOSTICS

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Tempe, AZ 85282

INTERNAL OFFICE USE ONLY: **DATE REQUEST RECEIVED** _____

Patient Authentication - For telephone requests, the patient must verify at minimum of 4 points of the following data:

Date of Birth _____ Type of Procedure Performed _____

Facility Where Performed _____ Insurance Carrier _____ Date of Procedure _____

In-office Pick-ups the patient must provide identification, including one of the following: _____ Valid Drivers License, _____ State ID Card or _____ Passport. Please take a photo copy of the documentation to scan into the patient case.

Delivery of Results

Completed by: _____ Date: _____

Employee Signature: _____