



**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: _____