



DEPARTMENT OF PATHOLOGY

REQUEST & RELEASE OF PATHOLOGY MATERIALS

Complete Sections 1 & 2, and sign Section 3. Return to CareMount Pathology via fax at 914-302-8334. When Section 4 has been completed, your slides will be shipped via FedEx 2-Day shipping.

SECTION 1 – PATIENT & SPECIMEN INFO

Name: CareMount MRN:
Address: DOB: / /
City/State/Zip: Phone: ( )

Table with 4 columns: Department #, Date, Specimen Type, Submitting MD

SECTION 2 – DISPOSITION OF SLIDES

CareMount Dept. of Pathology should send the requested slides/materials to:
(Note: Please confirm the correct address for slide delivery with the consulting laboratory)
Attn:
Institution:
Address:
Phone: ( )
Appointment Date:

SECTION 3 – PATIENT OR CLINICIAN AUTHORIZATION

I authorize the release of my pathology materials and reports to the above-named institution.
Patient Signature: Date: / /

I authorize the release of the pathology materials and reports to the above-named institution on behalf of the patient listed above. (Available for CareMount Staff Clinicians only; An email from CareMount Clinician is also acceptable)

Clinician Name (print):
Clinician Signature: Date: / /

SECTION 4 – LABORATORY AUTHORIZATION (CAREMOUNT DEPT. OF PATHOLOGY OFFICE USE ONLY)

Release Authorized: Date: / /
(Authorizing Pathologist)