



RELEASE OF PATHOLOGY SPECIMENS

I, _____, authorize Preferred Anatomic Pathology Services release the tissue specimen described below:

Patient Name _____ Patient DOB: _____

TISSUE SPECIMEN DESCRIPTION: _____

The Specimen may be released to: _____

Contact phone number: _____

NOTE: The specimen may be preserved in a poisonous fixative which is also an irritant to the skin and mucous membranes.

I release and hold harmless Preferred Anatomic Pathology Services and any and all agents responsible for the custody of the specimen before its release, for any and all injury that may befall the subsequent possessor of the tissue, including breach of patient confidentiality.

Witness Date

Patient Date

Picked up by Date

PAPS employee Date