



Release of Tissue Specimen / Hardware

I, _____, authorize the release of my **Tissue Specimen** and/or **Hardware** by **Preferred Anatomic Pathology Services (PAPS Pathology)** to the individual/organization I have specified below. 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 and/or hardware, including breach of patient confidentiality. **NOTE: The specimen may be preserved in a poisonous fixative which is also an irritant to the skin and mucous membranes.**

TISSUE SPECIMEN / HARDWARE DESCRIPTION:

Patient Name	Patient DOB	Medical Record Number <small>(if applicable)</small>

The above-described specimen / hardware may be released to:

Print Name or Organization: _____

Patient Signature: _____ **Contact Number:** _____ **Date:** _____

Witness (medical staff): _____ **Facility:** _____ **Date:** _____

Picked up by (Signature): _____ **Date:** _____

Organization (if applicable): _____

Lab Use Only – Official State Identification must be presented for specimen to be released.
 Released to (print name): _____ Date: _____
 PAPS Pathology Representative Name: _____