

UF Health Pathology Laboratories

4800 SW 35th Drive
Gainesville, FL 32608
Phone: 352.265.9900
Fax: 877.640.6465
pathlabs.ufl.edu
UFHealth.org

**UF HEALTH PATHOLOGY LABORATORIES
RELEASE OF MATERIAL REQUEST**

Date of Request: _____ Requesting Institution: _____

1. Patient Name: _____ Date of Birth: ____/____/____
Medical Record Number: _____ Date of Service: _____
Address: _____ Phone Number: _____
City, State, Zip: _____ Email: _____

I request and authorize UF Health Pathology Laboratories to release healthcare information including reports, slides, blocks, images, and specimens of the patient named above to:

Institution: _____ Provider Name: _____
Address: _____ City/St/Zip: _____
Building/Floor/Box: _____ Phone: _____ Fax: _____

Patient/Guardian Signature (required): _____ Date: _____

Relationship to Patient: Self Parent/Legal Guardian Other (describe) _____

2. Purpose of Release: 2nd Opinion Continuation of Care Research (Describe) Other (Describe)
Description: _____

3. Requested Material: Use applicable UF Health Pathology Laboratories case numbers and select your request.
Fax Request to: **877-640-6465**

UFHPL Case Number(s): _____

Date Material Needed: _____ Report Slides Images Unstained Slides _____

Material Sent: Report Slides _____ Images Unstained Slides _____

4. Shipment: UF Health Pathology Laboratories will make every effort to expedite your request. Please provide shipping account number or provide pre-paid shipping label for FedEx/UPS.

FedEx _____ UPS _____ Patient Receipt Other: _____

5. Please return all material, with findings, no more than 30 days of completion of review.