



THE QUEEN'S MEDICAL CENTER

AUTHORIZATION FOR RELEASE OF PATHOLOGY REPORTS, SLIDES, AND/OR SPECIMENS

I _____ (patient's name), hereby authorize/request the release of information to the extent herein specified which has been acquired as a result of an examination, or attendance upon:

Patient Full Name (please print): _____ **Date of Birth:** _____

Date/Location of Surgery: _____ **Pathology Acc #:** _____

Released to: (requesting physician information): The Queen's Medical Center
Department of Pathology
Iolani 4th Floor
Honolulu, HI 96813
ph: (808) 691-4271 fax: (808) 691-4045

Purpose for the Request: Pathology review for upcoming surgery and/or treatment

Specimen Requested: Original slides for the above case and a copy of the pathology report. The slides will be returned upon completion of the consultation at the address specified below:

Outside Inst. _____
Pathologist _____
Address _____
Phone number _____

This letter constitutes the legal direction and authorization for you to release and/or ship the reports, slides and/or specimens as requested above and that I assume responsibility for any professional fees, mailing charges and handling fees incurred with this request. I also accept responsibility for any charges incurred at the reference lab where these materials are sent/taken.

SIGNED: _____ **DATE:** _____

Relationship, if other than Patient: _____

Personnel Releasing Specimen: _____ **DATE:** _____

FAX RELEASE FORM BACK TO (808) 691-4045

For Pathology Office Use Only (Process STAT):

Slide received date (DOS): _____ Ordering MD: _____ QMC MR #: _____

CSN: _____ QMC Surgery schedule date: _____ ICD10: _____