

Release of Pathology Materials Request

Please verify the accuracy of the following information, sign, date, and fax back to: **469.232.9927**.

In accordance with federal, state, and local statutes and regulations, including the Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Health Insurance Portability and Accountability Act of 1996 (HIPAA), I/we understand that by signing this request, I/we will be responsible for the proper use and confidentiality of the health care information requested. The laboratory results and/or materials will be sent via overnight delivery service usually within 3 – 5 business days from receipt of the completed requests to the address that is designated on this form.

PATIENT NAME ↓ DATE OF BIRTH SSN (LAST 4 DIGITS)

ACCESSION NUMBER PROCEDURE DATE

REASON FOR REQUEST *(Check one)*

- Transfer of care to another institution or physician
- Patient request for second opinion on pathologic diagnosis
(Requires patient identification, i.e. driver's license or photo ID)
- Patient request for copy of pathology report *(Requires patient identification, i.e. driver's license or photo ID)*
- Physician requesting copy of pathology report
- Physician requesting second opinion on pathologic diagnosis

PLEASE PROVIDE A FEDEX OR UPS ACCOUNT NUMBER FOR SHIPPING PURPOSES *(Check one)*

- FedEx
- UPS
- Airbill Included

I REQUEST AVERO DIAGNOSTICS TO RELEASE PATHOLOGY REPORTS AND/OR RELEVANT MATERIALS TO THE FOLLOWING:

HEALTHCARE PROVIDER NAME ↓ HEALTHCARE FACILITY

ADDRESS CITY, STATE, ZIP

REQUESTOR NAME PHONE NUMBER

REQUESTOR SIGNATURE DATE

AVERO USE ONLY

DATE ↓ TIME

CSR INITIALS

**focused on
answers.**

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Lubbock, TX 79416 • 866.987.7284

averodx.com