

SKIN BIOPSY RELEASE FORM for UNVERIFIED CASES

SP # _____
Patient Name: _____
MRN: _____
Date of Release: _____
Time of Release: _____
Released to DR. _____

Page # _____

Materials Released: (list all slide #'s and make Xerox of slides)

Acknowledgement of Acceptance and Responsibility

I have received and accepted the original skin biopsy slides on the above captioned patient. I understand that these are the original materials and are not replaceable. I also understand that I am legally responsible for these materials until I have documented return to Surgical Pathology.

Signature: _____

Materials Returned (date): _____

Return Accepted by : _____

(signature of pathology resident accepting slides)

Dermatopathology Consultation Comments:

