

PROCEDURE FOR: Release of pathology specimens to patients/representatives

### Authorization for Release of Pathology Tissue Specimens

Patient Information Name _____ Address _____ Phone _____	Medical Record No. _____ Primary Physician _____ Pathologist _____ Date specimen obtained _____ Specimen number _____
I, _____ (print patient name) authorize Alaska Native Medical Center Department of Anatomic Pathology to release:  <input type="checkbox"/> Breast Implant <input type="checkbox"/> Stones <input type="checkbox"/> Surgical Hardware <input type="checkbox"/> Surgical tissue <input type="checkbox"/> Other (specify) _____	
Released to _____ _____ _____ (date signed)	For the purpose of: <input type="checkbox"/> Legal <input type="checkbox"/> Religion <input type="checkbox"/> Other _____
ANMC representative authorizing release <input type="checkbox"/> Risk Manager <input type="checkbox"/> Director of Patient Safety Name _____ Signature _____	
Specimen is preserved in: <input type="checkbox"/> Formalin <input type="checkbox"/> Other _____ <input type="checkbox"/> Not preserved	
<b>Biological and Chemical Hazard Warning!!!!</b>  Formalin contains formaldehyde, which is toxic and may cause blindness or be fatal if swallowed. It may cause severe burns to the eyes and is irritating to the respiratory system (lungs), and skin. It may cause cancer. Wear gloves when handling. If skin is exposed, wash immediately with copious amount of water. If swallowed, call a physician immediately.  All biological samples such as blood, serum, tissue, etc are handled with extreme caution. Hepatitis and HIV viruses as well as other infectious agents, can be transmitted through cuts, abrasions, needle sticks, or through mucous membranes. Handle with caution—wear gloves when handling.  <b>Keep out of reach of children.</b>	
I hereby agree to receive the above specimen(s) and have received, read, and understand the provided information including this form and appropriate Material Safety Data Sheet, and understand the information about the hazardous chemicals contained in the specimen container. I agree to follow all state, county, borough, and municipal rules and laws regarding the disposal of human remains and biohazardous material. I agree to contact the appropriate government agency or local funeral home to obtain clarification on these rules if I am unsure.  Recipient Name (print) _____ Signature _____ Date _____ Counseling technician Name _____ Signature _____	