



The Medical Center of Plano

RELEASE OF SPECIMEN (SLIDES/BLOCKS) FOR TESTING/CONSULTATION/SECOND OPINION

I, _____ (DOB _____), the patient, give permission for The Medical Center of Plano Pathology Department to release specimen tissue (slides and/or blocks) for testing to the company noted below:

_____ **MD Anderson Cancer Center** _____
_____ **Pathology Department, Unit #85** _____
_____ **Room G1-3669** _____
_____ **1515 Holcombe Boulevard** _____
_____ **Houston TX 77030** _____

****Requesting physician:** _____ **phone:** 888-246-9020

I further agree to pay any/all charges not covered by my insurance and/or Medicare as this testing/consult is not being requested by The Medical Center of Plano.

Patient (print): _____ Date: _____

Patient (sign): _____ Phone: _____

Home address: _____

Please return request signed by patient, along with physician order and a FedEx Account # to:

The Medical Center of Plano Pathology Department

fax 972-519-1484; phone 972-519-1585. *Paige Reno*

For Pathology Office Use Only:

Accession #: _____

Material Sent: _____

Pathologist: _____

Sent by/Date: _____

FedEx Tracking No.: _____

The Medical Center of Plano 3901 W. 15th Street, Plano, Texas 75075

Pathology 972-519-1585