

# Patient's Permission for Release of University of Pennsylvania Health System Pathology Materials

→ I, (name, date of birth), permit the Department of Pathology and Laboratory Medicine of the University of Pennsylvania Health System (UPHS) to release

- original or re-cut stained slides
- unstained slides or scrolls/rolls of tissue
- original blocks or tissue

→ from my pathology materials to [doctor, organization name, address & telephone #, appointment date]

- for the purpose of:
- my clinical care
  - my entry into a clinical trial
  - my participation in a research study

I recognize that preparing my pathology material for research/clinical trial diminishes the amount of available pathology material, and that on rare occasions pathology material may be totally expended and no longer available for my future care and/or other research purposes.

I understand that the clinical trial for which I am permitting UPHS to release my pathology material involves experimental techniques.

I am aware that my identity is traceable because my name appears on the pathology report(s) which the Department of Pathology and Laboratory Medicine requires accompany all pathology material, and the accession numbers that appear on all slides prepared by UPHS refer exclusively to my UPHS pathology case(s).

I will indemnify and hold harmless the UPHS Department of Pathology and Laboratory Medicine for the diminished amount of my pathology material as a result of my participation in this clinical trial and/or for any untoward events that may occur once my pathology material is outside the custody and control of the Department as a result of my participation in this clinical trial.

→ Printed name

→ Telephone #

→ Signature

## **( for on site retrieval ONLY )**

I hereby acknowledge receipt of pathology material (specify materials)  
from the Surgical Pathology Section of the Department of Pathology and Laboratory Medicine of the Hospital of the University of Pennsylvania on

Signature of patient or representative

Relationship of representative to patient

Date