
	Authorization for Release Pathology Specimens		Document # F170-10-12
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	Approved By: Dr. A. Kabani 	Effective Date 14-JUN-2018	Source Document: 170-10-12, Pathology Specimen Release Policy

APPENDIX 1

Authorization to Release Pathology Specimens

I, _____ hereby authorize this Diagnostic Services Pathology Laboratory
_____ to release _____ pathology specimen.

To me; or to: _____ which is the (choose one below):

- Funeral Home
- Patient
- WHRA/Legal department
- Physician
- Hospital Ward

Reason for this request: _____

I have had explained to me the material risks of accepting this specimen and understand that all specimens I am receiving are potentially infectious and may contain 10% neutral buffered formalin (a known cancer causing agent, toxic and poisonous) or another preservative. It is recommended that the specimen(s) be kept refrigerated and that impermeable gloves be worn while handling the specimen(s) and that the specimens are handled in a well-ventilated area.

DO NOT DISPOSE OF SPECIMEN OR THE PRESERVATIVE DOWN THE DRAIN OR IN YOUR HOSEHOLD GARBAGE. The specimen can be returned to a Diagnostic Services Manitoba Pathology site for disposal (Monday-Friday 0800-15:30 hours).

I agree to hold the Diagnostic Services Manitoba Pathology Lab harmless for any subsequent problems arising from accepting this specimen(s) and absolve the facility of any such liability.

Dated this _____ day of _____ 20____ .

At: _____ Patient or representative's signature: _____

Witness: _____ Date: _____

To be filled in at Lab: Release accepted: YES NO

Released by: _____ From: _____ Date: _____

Risks explained: YES NO

Signature of person picking up the specimen: _____