

Request for Release of Pathology Materials

**(use to initiate a medical request for materials (RFM);
complete all lines, sign, and send to CPC)
Completed form may be faxed to 847-996-0791
OR emailed to customerservice@cpcpathology.com**

CPC Pathology
28100 N Ashley Circle
Suite 106
Libertyville, IL 60048
847-996-1030

Date of request: _____

Our facility is currently treating and/or providing second opinion/consultation for the patient listed below. For continuation of care and further evaluation, we are requiring pathology materials from CPC Pathology be sent to the address below. Our facility will provide CPC Pathology with a copy of our report and notification if the material is forwarded to any other entity. I also acknowledge that by law, the material released to us must be retained by CPC Pathology and we agree to return these materials within 45 days of receipt, in the same condition as received, addressed to CPC.

Patient Name: _____ **Patient DOB:** _____

Specimen type (slide, etc.) _____ **Date(s) of service** _____

CPC specimen ID: _____

Request made by(name): _____ **Requestor phone#** _____

Materials needed by: _____ **Requestor fax#** _____

Requested for:

- Ordering physician (who submitted specimen to CPC)**
 Other treating physician: _____ **NPI#** _____

Requestor signature: _____

Reason for request: _____

Materials to be sent to:

Facility Name and Address

Please note: CPC Pathology assumes no financial responsibility for consultations requested by anyone other than a pathologist from CPC Pathology.