

**Clinical Laboratory Specimen Disposition
RELEASE TO THE PATIENT**

Date of Release: _____

Patient Name: _____

Medical Record Number or DOB: _____

Ordering Physician: _____

Recipient Name: _____

Recipient Relationship to Patient: _____

Specimen Type: Whole blood Serum Plasma

Other: _____

The Department of Pathology and Laboratory Medicine is releasing this specimen back to the patient. The Department does not assume responsibility for the quality of, the medical necessity of, or the financial liability for subsequent testing performed elsewhere.

Recipient Signature: _____

Approval: _____
Laboratory Director or designee