*Request Case Materials Form*

To request case materials, please complete the information below, attach a signed patient authorization

(**Patient Authorization for Release of Health Records to External Parties)** and email both forms to: STRLClientServices@uthscsa.edu

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Request Date | Patient Name (Last, First, Middle) | | | | Patient Date of Birth | |
| Date of Specimen Collection | | Specimen Accession # (if available) | | | |
| Requesting Physician/Facility (Full Name) | | Address | | | |
| Requested by: (Full Name) | | Phone# | | Email | |
| Provide Fed Ex account # or Fed Ex label for shipping | | | Materials Requested | | | |

**Patient & Requesting Physician Information (required)**

Note:

\*Patient Authorization for Release of Health Records to External Parties must be signed to release case materials

\*Please allow 2-3 business days for materials to be sent.

\*Incomplete requests will cause a delay in completion of the request.