

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

Patient & Requesting Physician Information (required)

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	

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.