

Patient Report Request Form

To request a patient report, please complete the information below and email the form to:
pathconsults@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
Special Instructions		

Note:

*Requests received before 3:00 p.m. will be handled by the end of the current business day.

*If the requestor is not the original requesting physician and/or facility, a **Patient Authorization for Release of Health Records to External Parties** will need to be submitted with this request.