

## *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](mailto: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 FedEx account # or FedEx 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.