



### SLIDE RELEASE REQUEST

Today's Date: \_\_\_\_\_

Case Number: \_\_\_\_\_  Slides  Blocks  Both

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Requested by: Name: \_\_\_\_\_  
Clinic / Lab: \_\_\_\_\_  
Phone: \_\_\_\_\_

Send to: Name: \_\_\_\_\_  
Clinic / Lab: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**REQUIRED:**

Send via:  UPS  FedEx  Private Courier (Check this box only if you are using your own courier or if you are our client and have routine pickups at your office)

Your UPS / FedEx Account #: \_\_\_\_\_

Shipping Speed:  Overnight  2nd Day Air  3 Day

Please be aware that if you have requested slides AND blocks, they will be shipped in separate packages.

**Please fax this form to (425) 455-9947 when completed.**