

Specimen Release Consent Form

Patient authorization to release specimen for testing to be performed at
The Jackson Laboratory

We have been asked by your healthcare provider to obtain a specimen from your biopsy, pathology reports and/or medical records for the purpose of clinical testing. To complete this request, we need you to authorize the release of these materials to The Jackson Laboratory so that the test your provider ordered can be completed. Any unused specimen materials shall be returned to the pathology laboratory once the test results are reported to your provider. Please be aware that performing the requested test(s) may exhaust the tissue that is sent to The Jackson Laboratory if there is only a small amount remaining. Upon completion of this form, please fax to (860) 837-2380 or email to cgl_cs@jax.org.

PATIENT NAME (PRINT): _____

PATIENT SIGNATURE: _____

DATE: _____