

## Release of Human Tissue or Medical Hardware

As the requesting physician, I \_\_\_\_\_ (please print physician name) hereby authorize United Clinical Laboratories- Dubuque, IA to release to:

\_\_\_\_\_  
PATIENT'S NAME (Recipient)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
Medical Record Number

the following pathology material:

\_\_\_\_\_  
DESCRIPTION OF THE TISSUE OR EXPLANTED MEDICAL DEVICE

\_\_\_\_\_  
Date of Collection of the material/specimen

Recipient Information:

I, as a recipient, hereby acknowledge receipt of and accept certain human source material specimens from United Clinical Laboratories- Dubuque, Iowa. Recipient understands and agrees that these specimens have not been tested for the Hepatitis B virus, human immunodeficiency virus or any other infectious agents that may be present. **THESE SPECIMENS SHOULD BE CONSIDERED AND TREATED AS POTENTIALLY INFECTIOUS.** All products containing human source materials must be handled in accordance with good laboratory practices using appropriate precautions (ref. Center for Disease Control/National Institutes of Health Manual, "Biosafety in Microbiological and Biomedical Laboratories", 1988). The Recipient also understands and agrees that certain pathologic specimens have been preserved in formalin (a formaldehyde solution which is a biohazardous product).

United Clinical Laboratories - Dubuque assumes no liability for the specimens sent to Recipient. Recipient hereby releases United Clinical Laboratories - Dubuque from any claim, loss, action, cause of action or damages of any kind arising out of said specimens, specifically including but not limited to, exposure to infectious agents or exposure to biohazardous products. Recipient shall indemnify and hold United Clinical Laboratories - Dubuque harmless from any and all such claims, losses, actions, causes of action or damages.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature (Recipient)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date