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Tinley Park, IL 60487  
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## Materials Request Form

(used to initiate a medical request for materials;  
complete all lines, sign and fax back)

I am currently treating and/or providing consultation for the patient indicated below. In furtherance of the management of the patient, I require that certain materials being retained by Hematogenix Laboratory Services, LLC be forwarded to the address below. I also acknowledge that this material, by law, must be retained by Hematogenix Laboratory Services, LLC, and therefore, I agree that this material will be returned within 3 weeks of its receipt, without markings or alteration and in the same manner as received.

|                                 |   |
|---------------------------------|---|
| Patient Name:                   |   |
| Date Of Birth:                  |   |
| Materials Requested:            | <b>Slides on case #</b><br><i>(include date of service, accession or specimen ID numbers that will help in retrieval)</i> |
| Referring Physician:            |   |
| Needed by date:                 |   |
| Consulting Physician:           |   |
| Phone:                          |   |
| Fax:                            |   |
| Attention:<br>Delivery Address: | <b>Department of Pathology</b>  |
| Signature/Date:                 |   |
| Printed Name:                   |   |

*Note: Materials will be made available as a response to a medically motivated request for patient information.*