



Slide or Block

Request Date: _____
Person Requesting: _____

Patient Name: _____
Date of Birth: _____
Caris Accession No.: _____

Requesting Physician: _____
Slides/Blocks sent to: _____
Address & Phone No. _____

* If sending slides and blocks to someone other than the patient, attending or referring physician, Caris Diagnostics requires a patient release form for our records.

Print Patient Name: _____
Patient Signature: _____ (if slides/blocks released to the patient)

Shipping: (Caris Diagnostics will only cover the cost of UPS ground shipping)

- UPS Ground (transit time is 3-7 business days after processing)
- Overnight Two Day
- Fed Ex / UPS Account # _____
- Other _____

Please fax/mail a copy of diagnostic report to:

Caris Diagnostics
QA Coordinator
8400 Esters Blvd., Suite 190
Irving, TX 75063
Fax number 866-688-3280

* Do not bill Caris Diagnostics for consultation. Slides are sent at the request of the patient’s physician to benefit patient care.

For Caris Use Only:
No. of Slides/Blocks Sent: _____
Slides reviewed prior to release by: _____

Upon completion, scan form into case in WinSurge.