

[Your Name]
[Your Address]
[Your Phone Number]
[Date]

[Pathology Department Name]
[Hospital/Laboratory Name]
[Address]

RE: Request for Release of Pathology Materials for Second Opinion

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Medical Record Number: [MRN]
Accession Number: [Case Number, if known]

To whom it may concern,

I am writing to formally request the release of pathology materials for a second opinion oncology consultation. Please send the representative glass slides, a copy of the original pathology report, and any relevant immunohistochemistry (IHC) or molecular testing blocks/slides to the consulting institution listed below:

Consulting Physician/Institution:

[Name of Consulting Oncologist/Pathologist]
[Department/Cancer Center Name]
[Shipping Address]
[City, State, Zip Code]
[Phone Number]

Please use the following shipping method: [FedEx/UPS Account Number or Pre-paid Label attached].

I have attached a signed HIPAA authorization form for the release of these medical records. Please notify me once the materials have been shipped.

Thank you for your prompt assistance in this matter.

Sincerely,

[Your Signature]
[Your Printed Name]