[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Surgeon Name]
[Clinic/Hospital Name]
[Clinic Address]

RE: Request for Explant Preservation and Pathology

Dear Dr. [Surgeon Last Name],

I am writing to formally request the preservation and release of my breast implants following my scheduled explantation surgery on [Date of Surgery].

As the owner of these medical devices, I request that the following protocols be followed:

- **Explant Procedure:** Please perform an en bloc or total capsulectomy as discussed during our consultation.
- **Preservation:** Please do not place the implants in formaldehyde or any other chemical fixative, as I wish to keep them for personal records and potential future testing.
- **Pathology:** I request that the capsules (scar tissue) be sent to pathology for comprehensive testing, including screening for BIA-ALCL (CD30 immunohistochemistry) and BIA-SCC.
- **Release:** Following the pathology examination of the tissue, I request that the physical implants be returned to me. I am happy to sign any necessary release waivers or liability forms required by the facility for the release of these devices.

Please include a copy of this request in my permanent medical file and notify the surgical staff and pathology department of these instructions.

Thank you for your cooperation and for providing the best care possible.

Sincerely,

[Your Signature]
[Your Printed Name]