Institut für Pathologie Kaufbeuren-Ravensburg GbR Überortliche BAG für Histologie und Zytologie

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Declaration of consent for the handing out of medical report, paraffin blocks and HE sections

(name/stamp of pratice oft he requesting physician or medical staff)
I am asking to hand out/send:	
Written histology findings:	
Schriftlichen Zytologiebefund (Krebsvorsorge):	
Paraffin block:	
HE-sections:	
Reason of the request:	
• Second opinion (who/where):	••••••
• Researchstudy (which? Please provide outline):	•••••
• Other:	••••••••••
For Patient:(name and date of birth)	••••••
The patient takes the respondible for the material save transfer.	
I hereby agree to the transfer of the tissue material/medical report of Pathology Kaufbeuren-Ravensburg.	through the Institut
Patient signature signature of	f the physician