



Arkana Laboratories

Slide & Materials Request

Patient Name: _____ DOB: _____ Biopsy Date: _____

Requesting Physician's Full Name _____ Facility Name: _____

Direct contact number for individual holding slides: _____

If request is from Mayo Clinic, a Mayo Clinic ID# is required: _____ Appointment date and time: _____

Reason for request:

- ☐ Continuity of Care: Patient is currently in your facilities' care or has an upcoming appointment
- ☐ Client Review: Your facility sent in biopsy tissue and would like to review physical materials

Recipient information:

Facility: _____ Dept/Suite/Room: _____

Address: _____ City, State & ZIP: _____

Recipient Name: _____ Recipient Phone: _____

Recipient email address: _____

Arkana client: ☐ Yes ☐ No If "no," please provide FedEx OR UPS Account # OR attached prepaid air bill: _____

Materials requested: (Check all that apply)

- ☐ Slides
- ☐ Images (Check one) ☐ CD of images ☐ Digital images
- ☐ Unstained Slides (Check one) ☐ 3 Microns (Routine) ☐ 4 Microns ☐ 8 Microns ☐ Other: _____
- ☐ Paraffin Block
- Are you sending block to another facility for testing? ☐ Yes ☐ No
- If "yes," please list facility name and tests to be performed: _____
- ☐ Other Materials: _____

Our turnaround time is typically 2-4 business days. If you wish to receive notification upon shipment of materials, please provide your email address under "Recipient information" section.

All original materials must remain part of the patient's record at Arkana Laboratories and be returned within 30 days. Return shipping costs are the responsibility of the requester.



Arkana
Laboratories

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All loaned materials must be returned within 30 days of receipt to:

Arkana Laboratories

Attn: Slide Returns
10810 Executive Center Dr.
Ste 100
Little Rock, AR 72211
501-604-2695 Opt 2

*By signing below, I certify that I am involved in the patient's treatment and need the materials for treatment purposes. I have provided a direct contact number to reach the individual in possession of the slides. I understand that these are original materials and **must be returned**. If unstained slides were prepared for use, the material does not need to be returned. All original materials will be returned intact, with **any slide mailers taped shut** and proper packing to protect any delicate materials, along with a copy of any pathology report generated as a result of review within 30 days to **Arkana Laboratories**. I will notify and provide patient authorization to **Arkana Laboratories** before materials are sent to another provider on behalf of patient. If materials are late, I will contact **Arkana Laboratories** to update for their records.*

Signature: _____ Date: _____