



Arkana Laboratories

Slide & Materials Request

Please complete required fields in **bold** and check applicable boxes

Patient Name: _____ DOB: _____

Arkana Case #: _____ Biopsy Date: _____

Requesting Physician's Full Name _____ Facility Name: _____

Direct contact number for individual holding slides: _____

If request from Mayo Clinic, must have Mayo Clinic ID#: _____

(We do not send directly to Mayo Clinic without first verifying they are requesting; we do not assume charges.)

Reason for request: *(Check one)*

- ☐ 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
- ☐ Conference: Patient authorization needed unless being shipped to client facility

For research requests, please contact biorepository@arkanalabs.com for more information.

Address for Delivery

Company: _____ Dept/Suite/Room: _____

Recipient Name: _____ City, State & ZIP: _____

Recipient Phone: _____ Address: _____

FedEx OR UPS Account # OR attached prepaid airbill: _____

(Note: Arkana clients can leave this blank)

Materials requested: *(Check all that apply. Pathologist will choose what is sent on a case-by-case basis.)*

- ☐ Slides
- ☐ CD of Images *(For digital image downloads, contact support@arkanalabs.com)*
- ☐ Paraffin Block *(If checked, please answer questions below to the best of your ability)*

Are these going to another facility for testing? _____ If so, where? _____

What tests are being conducted? _____

If unstained slides are sufficient, we prefer to cut additional and send these to preserve the viability of paraffin block tissue.

☐ Unstained Slides *(Check one)* ☐ 3 Microns *(Routine)* ☐ 4 Microns ☐ 8 Microns ☐ Other: _____

☐ 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 'Address for Delivery' section.

No original materials may be retained by your institution. All original materials must remain part of the patient's record at Arkana Laboratories and be returned within 30 days. All material must be returned properly, cushioned and packed via UPS or FedEx with tracking upon Arkana's request. Return shipping costs are the responsibility of the requester.



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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: _____

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