

ADMN.5.09.F1 General Release Form

Effective Date: 09/09/2020

Reason for Release:

- ☐ IRB Approval or Waiver - IRB# _____ Principle Investigator: _____
- ☐ CLS Program
- ☐ Coroner or medical examiner (warrant not required, must view official badge)
- ☐ Law Enforcement (Investigator/Detective): Warrant required- see ADMN.5.13 for instructions
- ☐ Other – Please specify: _____

Employee Releasing the Specimen(s)/Isolate(s):

Employee Name (Please Print): _____

Patient Identifiers Removed: Yes No

Identification Checked: Yes No

Release Date(s): _____

Specimen(s)/Isolate(s) Released - List number and types, name, MRN, patient identifiers & accession #:

Signature: _____

Person Receiving Specimen(s)/Isolate(s):

Name: (Please Print) _____

Badge Number or Title _____

Department: (Please Print) _____ Telephone Number: _____

By signing below, I understand and confirm:

UW Health University Hospital (UH) Clinical Laboratory Specimen(s)/Isolate(s) have not been screened for potential pathogens. Neither the UH nor any of its employees are responsible for any harmful occurrences related to these Specimen(s)/Isolate(s). Specimen(s)/Isolate(s) must be handled as biological hazards and disposed of as biohazardous waste. If I am a coroner, I certify that I am authorized to obtain the Specimen(s)/Isolate(s) under law.

Signature: _____

Printed copies are UNCONTROLLED unless signed by authorized lab personnel below.

(Authorized individuals include: Director, Manager, and/or document Owner)

Initials: _____ Date Printed: _____