



**RELEASE OF SURGICAL AND/OR PATHOLOGY SPECIMEN
RELEASE AND WAIVER OF LIABILITY FORM**

By signing this document, I agree that Blanchard Valley Health System and Blanchard Valley Regional Health Center d/b/a Blanchard Valley Hospital have explained the following to me:

I understand that in general surgical and/or pathology specimens are the property of Blanchard Valley Hospital and that I have requested Blanchard Valley Hospital to release my personal surgical specimen listed below to me. By signing this document, I understand that I undertake all responsibility in the handling of this tissue/specimen and will not hold Blanchard Valley Health System and/or Blanchard Valley Hospital liable for any reason once the tissue specimen is released from its control and possession. It is my personal responsibility to assure that this specimen is handled in a manner that is compliant with local, state, and federal laws.

I further understand that the specimen has been exposed to 10% formalin which has the following caution:

FORMALDEHYDE: Toxic by inhalation and if swallowed. Irritating the eyes, respiratory system, and skin. May cause sensitization by inhalation or skin contact. Risk of serious damage to the eyes. May cause cancer. Repeated or prolonged exposure increases the risk.

I further understand that the specimen is considered a **biohazard**. Although the specimen has been disinfected in 10% formalin for a minimum of 72 hours, there may still be a risk of infection.

I acknowledge that I have had explained to me the material risks of accepting wet tissue specimen(s) and understand that all specimen(s) I am receiving are potentially infectious and may contain 10% neutral buffered formalin (**a potential carcinogen and toxin**) or another preservative. It is recommended to keep specimen(s) refrigerated and that impermeable gloves are worn while handling the specimen container or specimen. If the container lid is removed, it must be done in a well-ventilated area to avoid chemical exposure. Further, I agree to dispose of the surgical and/or pathology specimen in the appropriate manner. Blanchard Valley Health System and/or Blanchard Valley Hospital shall not be responsible for the disposal or mishandling of the surgical and/or pathology specimen once it is released from its control and possession.

I waive any and all claims against Blanchard Valley Health System, Blanchard Valley Regional Health Center d/b/a/ Blanchard Valley Hospital, and its officers, agents, including physicians and other licensed providers, and employees (collectively "BVHS Parties") with respect to any and all injury, disability, death, loss or damage to property resulting from possession, use or misuse of the surgical and/or pathology specimen(s), regardless of the cause. I agree not to pursue legal action against any of the BVHS Parties on the basis of these waived claims.

I agree to hold the BVHS Parties harmless for loss, damage or subsequent problems arising from the release of the above listed surgical and/or pathology specimen(s) and absolve Blanchard Valley Health System of any such liability.

After reading the foregoing, I hereby authorize Blanchard Valley Hospital to release the following surgical and/or pathology specimens to me or to:

HIPAA DISCLOSURE: I have been fully advised of my rights under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and I intend for this authorization to satisfy the requirements of HIPAA. In regard that I certify that I consent to the release of my specimen (protected information) as stated above.

After reading the foregoing, being permitted to ask questions, and verbalizing my understanding of the information contained above, I am formally requesting the surgical and/or pathology specimen(s) be released to me and assume total and complete responsibility that they are handled in accordance with the law.

Dated this _____ day of _____ 20____.

Patient's name (print): _____

Patient's signature: _____

BVH Witness signature: _____
Print Signature

Release Request: Please mark the box with your request including applicable case numbers and/or procedures dates

Check Here	MATERIALS	CASE(S) or Date of Procedure
<input type="checkbox"/>	Medical/Surgical Hardware Description of Hardware:	
<input type="checkbox"/>	Specimen (limited, requires department and Risk Management approval) Description of Specimen:	