

VDx CASE MATERIAL RELEASE FORM

VDx report no: _____

Materials to be released ("Released Materials"): _____

Send to / Instructions: _____

Disclaimer

The Released Materials are **irreplaceable** once released by VDx. Once released, VDx will no longer have the ability to perform any further evaluation or testing (including, but not limited to, additional pathologist evaluation, recuts, additional or special stains, immunohistochemistry, PARR, etc).

Released Materials will be packaged and shipped by a carrier of VDx's choosing (e.g. USPS, UPS, FedEx, etc.), and shipped, without any special refrigeration or climate control, or special insurance, unless specified here.

Check any optional insurance desired:

| <u>Insured Value</u> | <u>Additional Cost</u> | <u>Insured Value</u> | <u>Additional Cost</u> |
|---------------------------------|------------------------|---------------------------------|------------------------|
| <input type="checkbox"/> \$100 | no charge | <input type="checkbox"/> \$3000 | \$31.50 |
| <input type="checkbox"/> \$1000 | \$10.50 | <input type="checkbox"/> \$4000 | \$42.00 |
| <input type="checkbox"/> \$2000 | \$21.00 | <input type="checkbox"/> \$5000 | \$52.50 |

If no box is checked, materials will be shipped with no additional insurance.

Release of liability

Your signature below authorizes VDx to release material as instructed and releases VDx of all liability to perform any further testing and of all costs to acquire or procure replacement specimen(s) in the event that Released Materials are lost or damaged during shipping.

Released by

| | | |
|-----------------------|------------|--------|
| _____ | _____ | _____ |
| Clinic name / acct no | Print name | Signed |

---- Please fax or e-mail signed form back to VDx ----

Fax: 530-753-4055

E-mail: customerservice@vdxpathology.com

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