

Central Record Depository  
 Order Form – Pathology / Radiology Materials  
 Check Out & Assumption of Responsibility

For Office Use Only	
Date Received	_____
Date Completed	_____
Page _____ of _____	By _____
Total Items	_____
Postage	_____
Return By	_____

\*Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \*Name: \_\_\_\_\_  
 \*Firm: \_\_\_\_\_  
 Representing: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_  
 Ph/Fax Number: \_\_\_\_\_

**\*Delivery Method:**

Document Trace Number	Plaintiff Name	Path/ X-ray	Films / Slides / CDs
_____ - _____ - _____ - _____	_____	_____	_____
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_____ - _____ - _____ - _____	_____	_____	_____
_____ - _____ - _____ - _____	_____	_____	_____

The undersigned, on behalf of the above firm, agrees to assume responsibility for return of the below listed pathology / radiology materials (excepting reports) **within 30 days** or advise CRD in writing of the anticipated date of return. I/ We also agree that we are the party responsible for locating and returning to CRD materials which we retrieve from CRD and subsequently loan to other firms. Should we fail to return the materials in the same condition, we agree to reimburse CRD the cost of obtaining additional materials from the original source. **This form to be used for Pathology & Radiology materials ONLY.**

\*Signed: \_\_\_\_\_ Picked Up By: \_\_\_\_\_