



UConn Oral Pathology Biopsy Service

BIOPSY SPECIMEN SUBMISSIONS – Pre-paid FedEx Service

To our valued UConn Oral Pathology Biopsy Service Contributors:

We are writing to inform you an important change to our biopsy submission delivery service.

As part of ongoing efforts to improve the efficiency and reliability of our biopsy specimen submissions process, we have transitioned from our previous USPS Priority Mail delivery system to **FedEx 2-Day Service**. This change has enhanced the biopsy submission process ensuring faster delivery times, improved tracking, and expediting diagnostic turnaround.

Key changes that you can expect with the delivery service include:

1. **Scheduling Package Pick-up:** When your package is ready to be shipped, please call 1-800-463-3339 and FedEx will stop by your office to pick up the specimens.
2. **Enhanced Delivery Tracking:** Please record the tracking number on the prepaid FedEx label. This will enable you to track the specimen from the moment it leaves your office until arrives at ours.

Our service will continue providing you with all the supplies needed to send specimens to our biopsy service. Please call our office at 860-679-3333, or email Rosetta at poreda@uchc.edu or Jennifer at dailey@uchc.edu when you need supplies and we will send you a package that includes the following:

- Formalin or Zeus medium bottles, Biohazard bags, & Requisition forms
- Shipping boxes – 6 x 4 x 2 inches & FedEx Pack
- FedEx Shipping labels (prepaid with tracking number) with shipping instructions

To ensure that we provide you with prompt and reliable diagnostic information, **biopsy submissions MUST include:**

1. **Requisition form:** completed with patient's demographic information, provider/ surgeon's name, address, phone number, fax number, and email address (if any)
2. **Date and anatomic site of biopsy:** providing a specific anatomic site is essential for diagnostic specificity
3. **Clinical information** – summary of clinical/ radiographic findings, clinical information
4. **Medical Insurance information**
5. **Patient's signature** authorizing us to perform our diagnostic services and bill either the patient/ insurance

We trust that this change will significantly benefit you and your patients to provide a reliable, expedited, and user-friendly service. If you have any questions regarding this change, please do not hesitate to contact our service.

Thank you for your continued trust in our biopsy service. We look forward to continuing to serve you and your patients.

Sincerely

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