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Title/Description

## University of Washington

**APPROVED** 

REFERENCE: RCW 40.14

Office Name Record Group # **Records Authority Contact Name** 

**Phone Number Box Number** 

Approved by the State

Dentistry: Oral & Maxillofacial Surgery: Oral

/28/17/02/ REV: 1 Sujit Joginpally

**Departmental Records Retention Schedule** 

206-822-1029

v. 2.28 (Feb 2024)

**Biopsy reports (Pathology)** 

End of Calendar Year

Cut-Off

30Y

Records

Retention

90-12-46988

Disposition

Authority Number

SHRED/ DELETE

Disposition

Method

Page 1 of 1

Provides a medical record of examination made of patient tissue. Also used for research purposes.

Records Officer Name Records Officer Signature

**Barbara Benson** 

-DocuSigned by:

Barbara Benson

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