



University of Washington
Departmental Records Retention Schedule
REFERENCE: RCW 40.14

APPROVED

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	206-822-1029		v. 2.28 (Feb 2024)	
Title/Description			Cut-Off	Records Retention	Disposition Authority Number	Disposition Method

Biopsy reports (Pathology)	End of Calendar Year	30Y	90-12-46988	SHRED/ DELETE
Provides a medical record of examination made of patient tissue. Also used for research purposes.				