The Joint Pathology Center

Submission Manual

J-QA-PL-20151006.006.01

"We will provide world class diagnostic subspecialty consultation, education, training, research and maintenance/modernization of the tissue repository"

The Joint Pathology Center

606 Stephen Sitter Ave.

Silver Spring, MD 20910

Phone (Toll Free): 1-855-393-3904

Fax: 301-295-0104

Email:dha.ncr.ncr-medical-dir-jpc.mbx.help@mail.mil

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THE JOINT PATHOLOGY SUBMISSION MANUAL

PURPOSE: THE PURPOSE OF THIS MANUAL IS TO ASSIST SUBMITTING INSTITUTIONS IN SUBMITTING CASES TO THE JOINT PATHOLOGY CENTER (JPC). FOLLOWING THESE GUIDELINES WILL ENSURE EXPEDITIOUS PROCESSING OF CASES AND TIMELY RENDERING OF CONSULTATION REPORTS. THIS MANUAL ALSO DESCRIBES THE JPC'S POLICY FOR RETENTION OF PATHOLOGIC MATERIALS.

APPLICABILITY: THIS MANUAL APPLIES TO ALL DOD, VA MEDICAL FACILITIES AND OTHER US FEDERAL AGENCIES.

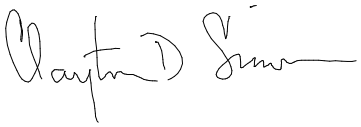
RELEASABILITY: UNLIMITED. THIS MANUAL IS APPROVED FOR PUBLIC RELEASE AND IS AVAILABLE ON THE INTERNET FROM THE JPC WEBSITE AT WWW.JPC.CAPMED.MIL. **THE JOINT PATHOLOGY WEBSITE HAS THE MOST UP TO DATE INFORMATION.**

EFFECTIVE DATE: THIS MANUAL IS EFFECTIVE UPON ITS PUBLICATION TO THE JPC WEBSITE.

QUESTIONS REGARDING THE INFORMATION IN THIS MANUAL SHOULD BE DIRECTED TO:

THE JOINT PATHOLOGY CENTER
ATTN: CUSTOMER SERVICE
606 STEPHEN SITTER AVENUE
SILVER SPRING, MD 20910
dha.ncr.ncr-medical-dir-jpc.mbx.help@mail.mil

PHONE # (TOLL FREE):
1-855-393-3904, OPTION 5
FAX: 301-295-0104



CLAYTON D. SIMON
COL, MC, USA
DIRECTOR
THE JOINT PATHOLOGY CENTER
DEFENSE HEALTH AGENCY (DHA),
NATIONAL CAPITAL REGION (NCR) MEDICAL
DIRECTORATE

CHAPTER 1

WHO MAY SUBMIT CASES TO THE JOINT PATHOLOGY CENTER

The JPC accepts cases, from the U.S. Department of Defense (DoD) and Veterans Affairs (VA) Medical Treatment Facilities, and with prior arrangement, other U.S. Federal Agencies, for second opinion consultation. The JPC does **not** provide primary human pathology services (with the exception of nerve, muscle, renal biopsies, and electron microscopic evaluation of cilia motility disorders). Additionally, the JPC will accept cases for primary pathology for Veterinary Pathology and for Depleted Uranium (DU) and Embedded Fragment analysis with prior arrangement with these sections . Currently, telepathology secondary consultation is available, under prior arrangement, to a limited number of facilities. All telepathology services will be provided as secondary consultation and The JPC will not provide primary pathology services or frozen section 'second reads' by telepathology. At this time, the JPC does not provide ophthalmologic consultation by telepathology.

CHAPTER 2

CASE SUBMISSION REQUIREMENTS AND RESPONSE TIME

Depending on the type of case being submitted and the type of assistance being requested, there are certain submission requirements that must be met before a case can be accepted at the JPC.

NOTE:

The following cases will not be accepted at the JPC:

1. The JPC does NOT accept cytology cases except when the cytologic preparation is part of a surgical pathology secondary consultation.

2. The JPC does NOT provide consultation on entire autopsies nor do we perform autopsies. The JPC will provide organ-specific consultation on autopsy material.

3. The JPC does NOT provide consultation on placentas.

4. Organ specific pathology consultation on pediatric cases will be provided by the appropriate subspecialty. The JPC does not otherwise provide pediatric pathology consultation.

2-1. General Submission Requirements and Policies

a. JPC personnel are prohibited from rendering an opinion, written or verbal, on any non-accessioned case. All cases for which an opinion is being sought must be submitted for accessioning to the JPC.

b. All pathology consultation records maintained by the JPC are protected by the Privacy Act and by the regulations implementing the Health Insurance Portability and Accountability Act (HIPAA). The JPC falls under the DoD Notice of Privacy Practices. A copy of the JPC Privacy Act Systems Notice for our pathology consultation case files is available upon request or from the Defense Privacy Office. This notice can be found on the JPC web site at www.jpc.capmed.mil.

c. The following basic items are required for each consultation case submitted to the JPC:

   (1) A completed *JPC Accessioning Submission Acknowledgement and Receipt* Form with a list of cases within each package, available as a download from the JPC website, www.jpc.capmed.mil, and clicking on “Consultation” must be submitted.The form will be faxed to the submitting facility after verification of the list of cases within the package.

   (2) A completed JPC *Consultation Request Form.* It is available as a download from the JPC website, www.jpc.capmed.mil, and clicking on “Consultation.” When completing

the form, **it is extremely important that the following data be completed in its entirety**:

(a) Submitting Institution's name and address - Give the pathologist's name, the name of the laboratory and a complete address with zip code. Include the telephone number and extension, including area code, fax number and email address. Please identify yourself in the same manner for all cases submitted. If your address changes please indicate this on the JPC *Consultation Request Form*. Telephone numbers provided must include area or country code. All submitting institutions should also indicate their hours of operation.

(b) Laboratory Specimen Number - Label each pathologic specimen container with at least two identifiers , i.e. patient name, date of birth, social security number, pathology/surgical/autopsy number and all accompanying documents with the correct pathology/surgical/autopsy number. Glass slides and paraffin blocks must have at least one identifier. List all pathology numbers for which material is being sent on the JPC *Consultation Request Form* along with the number of each sent. Any discrepancies between the information on the paperwork submitted and the surgical numbers on the submitted materials must be resolved prior to accessioning and will cause delays in processing the case. The submitting institution's pathology examination or tissue examination report (with patient information that links the specimen to the appropriate patient) **must** accompany any pathology material submitted for consultation. (The JPC *Consultation Request Form* alone does not suffice to meet this requirement.)

(c) Complete Patient Name - The patient's full name, including the middle initial, with last name first. Without the patient's name or social security number, it is

(d) impossible to collate previous and subsequent submissions.

(e) Social Security Number (SSN) - The patient's social security number is important for identification purposes. If the patient is the family member of a service member include the Family Member Prefix (FMP) with the **military sponsor's** social security number. Also, include the patient's own social security number if available.

(f) Date of Birth - If the date of birth is unavailable, please provide the patient's estimated age at the time the specimen was taken.

(g) Sex – Self-explanatory.

(h) Race/Ethnicity - Self-explanatory

(i) JPC Accession Number - If previous material was submitted to the JPC or the Armed Forces Institute of Pathology (AFIP) include the JPC/AFIP accession

number with any follow-up material, if available. The JPC/AFIP accession number is a unique number assigned to a case by the JPC or the AFIP when it is/was initially submitted for consultation. Providing a prior JPC/AFIP accession number is the fastest and most certain way for our pathologists to correlate previous submissions on patients.

(3) A summary of the clinical history giving the symptoms and their duration, the location and size of lesion(s), laboratory data (if done), the clinical diagnosis and the treatment. This can be attached to the JPC *Consultation Request Form* as separate correspondence or be indicated in the remarks section. Clinical history is extremely important for second opinion consultations and it is requested that adequate clinical history be provided on all submitted cases.

(4) A copy of the surgical pathology report with a gross description and the submitting pathologist's diagnosis. Include the exact anatomic location, the lesion(s) size and the relationship of the lesion(s) to adjacent structures. A case will not be accessioned at the Joint Pathology Center without a copy of the pathology report.

(5) Microscopic Slides - Cases for secondary consultation must include hematoxylin and eosin (H&E) stained slides. It is strongly recommended that unstained slides and tissue blocks also be submitted with the case.

(6) Paraffin Blocks - While not absolutely required, it is strongly recommended that paraffin embedded tissue blocks be forwarded with the case so that special stains and studies can be expedited if necessary.

(7) Wet Tissue - Wet tissue may be required if paraffin blocks are unavailable or if special procedures are necessary. Wet tissue must be labeled with at least two identifiers, i.e. patient's name, submitting institutions surgical/autopsy number, date of birth or social security number.

d. The following additional items should also be sent if available and would be appreciated:

(1) Clinical and gross specimen photographs; ideally as digitized image on CD or DVD

(2) Radiographs, ultrasound studies, CT scans, MRIs, etc. These add substantially to the diagnostic value of the case and are highly desired by the Gastrointestinal Pathology Service and required by the Neuropathology, Orthopedic Pathology and Pulmonary Pathology Services. It is strongly recommended that these be provided digitally and not as hard copies.

e. Certain services within the JPC, due to their particular mission, have additional requirements. These are detailed below:

(1) Nephropathology - Tissue for immunofluorescence (submitted in an appropriate transport medium such as Michel's Solution), and properly fixed tissue for electron microscopy (submitted in glutaraldehyde). The paraffin embedded tissue block, wet tissue in formalin, or unstained slides should accompany the specimen.

(2) Orthopedic Pathology – Imaging studies, including pre- and post-operative films, radionucleotide scans, MRI and CT scans and/or other imaging studies and the operative report. Post-operative radiology studies are also helpful when available. Radiology studies on compact computer disks (CDs) are preferred. Any submitted films will be retained, or returned to the submitting institution if requested.

(3) Neuropathology - Whole brains, spinal cords, MRI and CT scans and/or other imaging studies, when available. Whole brains should be fixed in neutral buffered formalin for at least two (2) weeks prior to shipment. For muscle and nerve biopsies, frozen tissue for histochemistry (for muscle biopsies) and properly fixed tissue for electron microscopy is required. Protocols for submission of whole brains, nerve and muscle biopsies are available at www.jpc.capmed.mil **Please note that no one is available to accept deliveries after hours, on weekends and federal holidays**. You must arrange in advance when submitting tissue for Nerve or Muscle Biopsy examination. The phone number is 1-855-393-3904 option 5.

(4) Hematopathology - Bone marrow aspirate with at least two unstained aspirates and peripheral blood with at least two unstained peripheral blood slides. Spleen and lymph node cases require one representative block in addition to the Hematoxylin and Eosin stained slides. **The JPC does not perform flow cytometry so please do not submit specimens for this**. Material submitted for flow cytometry will be returned to the submitting institution.

(5) Dermatopathology – Provide information on: Anatomic site of lesion, distribution of lesions (if multiple), duration, clinical appearance, clinical impression, pertinent medications and laboratory data. Tissue for immunofluorescence must be submitted in an appropriate transport medium such as Michel's Solution.

(6) Genitourinary Pathology - Information on family incidence and any applicable clinical tumor marker, e.g., HCG and AFP for testicular tumors and PSA and ultrasound for prostate biopsies. Also include information on any treatment given prior to bladder and prostate biopsies.

(7) Pulmonary Pathology- CT and/or MRI scans placed on a CD.

(8) Hepatopathology: Clinical history to include: indication for biopsy or operation, clinical history of liver disease, previous diagnosis if any, operative findings, history of alcohol use, history of hepatitis exposure (including transfusions or IV drug use), past medical history (including diabetes or obesity), medications and nonprescription supplements/preparations, imaging studies of the liver and biliary tract. Laboratory data to include: liver test panel, total protein and albumin, viral hepatitis studies, autoantibodies (ANA, ASMA, AMA, APCA), alpha-one anti-trypsin, ceruloplasmin, iron studies, glucose, and cholesterol/lipid levels. A JPC Hepatic Pathology Form is available on the website at www.jpc.capmed.mil/Consultation (Resource) or a clinical laboratory summary note would also be acceptable.

2-2. **Submission Requirements and Policies**

a. A submission that contains one or more cases must be accompanied by the JPC *Accessioning Submission Acknowledgement and Receipt* available at www.jpc.capmed.mil and for each patient the JPC *Consultation Request Form.*

b. Submitting Institution providing additional material on a case at the request of a JPC pathologist should include a copy of the original completed JPC *Consultation Request Form* annotated with the information that the material currently being submitted is additional material on a previously submitted case and a new consultation is not being requested. This will ensure that it is appropriately processed and added to the current case.

2-3. **Response Time**

a. The staff of the JPC will attempt to forward a completed consultation report to the submitting institution within five business days from the time of receipt at the JPC for those cases involving the diagnosis of submitted slides alone. An additional two to three days will be required if blocks are sectioned for special stains or immunohistochemistry and for cases requiring additional internal consultation by another service. A longer turn-around time will be required for specimens requiring special procedures, such as neuromuscular processing, metabolic bone analysis or preparation of gross specimens, such as the heart, eye, brain or prostate.

b. Reports will ordinarily be sent at the submitting institution's fax number, if the number was noted on the consultation request form. Preliminary telephonic reports may also be made by the pathologist as required to expedite patient care.

c. Some specialties will fax a preliminary diagnosis worksheet or make a preliminary telephonic diagnosis pending final work-up, additional testing and/or additional internal consultations.

2-4. **Registry Case Submissions:**

a. All cases submitted by the Department of Veterans Affairs solely as part of the Agent Orange/Vietnam Service, Kuwait/Persian Gulf War, Operation Iraqi Freedom/Iraq Service, Former Prisoner of War (POW) and Operation Enduring Freedom/Afghanistan Service, for which no JPC consultation is required must be submitted on the *JPC Registry Submission, Acknowledgment and Receipt Form*, JPC Form 543. Cases submitted to the Registries listed above will not receive consultation and no consultative report will be issued.

b. The *JPC Registry Submission, Acknowledgement and Receipt Form*, JPC Form 543, along with instructions is available at www.jpc.capmed.mil, click on "Consultation." The form must be completed in its entirety and sent with the case materials submitted to the Registries. It will be faxed back to the submitting VA Medical Center (VAMC), acknowledging the receipt of materials and indicating the JPC accession number assigned.

(1) Use this form for submission of cases for the following war-related Registries:
- (a) Former Prisoners of War (POW)
- (b) Agent Orange/Vietnam Service (AGO)
- (c) Kuwait/Persian Gulf War 1990-1991 (KUW)
- (d) Operation Iraqi Freedom/Iraq Service 2003-Present (IRQ)
- (e) Operation enduring Freedom/Afghanistan Service 2001-Present (AFG)

c. Please complete all sections except the gray sections which are for JPC use only. When the JPC sections are completed the form will be faxed back to the submitting VAMC to acknowledge receipt of the case(s) listed. Individual faxes for each submitted case will no longer be provided. When completing the form, it is extremely important that the following required items be completed in their entirety:

(1) Submitting Institution – Include Department name, VAMC Facility, street address, city, state, and zip code.

(2) Contact Number – Place the ten digit telephone and fax numbers, including extension for the submitting VAMC Pathology Department.

(3) Submitted - Enter the date the submission is sent to the JPC.

(4) Leave blank- for JPC Use Only

(5) (a) Patient Name – (Last, First, Middle initial)

(b) SSN (Last Four) – Enter the last four digits of the patient's social security number

(6) Submitting Institution's Accession Number – The identification number on the glass slides, paraffin block(s) or fixed wet tissue container(s).

(7) Materials Sent (Quantity) – Enter the number in the appropriate section.

(a) Pathology/Cytology Report – Send the final pathology or cytology report for the submitted material. The report number should match the number on the submitted material. If double numbered the report must reference the number on the material labels.

(b) Glass Slides – We will accept both fixed, stained and coverslipped glass slides and fixed unstained, uncoverslipped slides. If a fixative other than formalin has been used, it should be noted in the pathology or cytology report. No unfixed or fresh frozen material is to be submitted to the Registries.

(c) Paraffin Blocks – We will accept fixed, paraffin-embedded tissue blocks. If a fixative other than formalin has been used, it should be noted in the pathology or cytology report. No unfixed or fresh Frozen material is to be submitted to the Registries.

(d) Wet Tissue – We will accept formalin-fixed wet tissue in appropriately sealed containers as outlined in paragraphs 2-1.b (6) and 3-1.b (1). No unfixed or fresh frozen material is to be submitted to the Registries.

(8) Registry – Indicate the Registry(s) to which the submitted material should be included using the three letter abbreviations given in paragraph 2.4b (1) (a)-(e).

(9-11) leave blank- for JPC Use Only.

d. If the case being submitted is for consultation (even if the patient has previously had pathology specimens submitted to one of the JPC or former Armed Forces Institute of Pathology Registries), it must be submitted with a JPC *Consultation Request Form*, not JPC Form 543. Cases for consultation should not be batched with cases sent for submission to the registries.

e. Shipping Instructions – Please refer to Chapter 3 for shipping instructions. Include "ATTN: Registry Submissions" in the JPC address.

2-5. **Telepathology Case Submissions**

The JPC has Telepathology capability and Telepathology consultation is available to a limited number of facilities. Instructions for submitting cases using this method can be found on the JPC website at www.jpc.capmed.mil. All patient demographic and submitting institution information as requested above is required. It is recommended that the submitting institution contact the Telepathology Service at dha.ncr.ncr-medical-dir-jpc.list.telemed@mail.mil prior to submitting cases for Telepathology review to ensure prompt handling of the case.

CHAPTER 3

WHERE AND HOW TO SEND CASE MATERIAL

The JPC recommends cases be sent using commercial express courier services. Mail sent via routine US Postal Services routes are irradiated prior to delivery at JPC, creating possible damage or delay. Submitting institutions ship specimens at their own risk. Guidelines for packaging and shipping of samples should be used as a tool in conjunction with local Standard Operating Procedures.

All routine specimens, case related documents and correspondence should be addressed to:

The Joint Pathology Center
Case Accessioning
606 Stephen Sitter Avenue
Silver Spring, MD 20910

Depleted uranium and embedded metal fragments should be addressed to:

Biophysical Toxicology Laboratory
Malcolm Grow Medical Center
1050 West Perimeter Rd, Room GB-33
Joint Base Andrews, MD 20762

ADDITIONAL INFORMATION:

a. If material on the patient was at any time submitted to the AFIP or the JPC, clearly identify on submission form all previous submissions with the AFIP or the JPC accession number. If the accession number is unknown, contact the JPC to obtain the accession number or note that there was a previous submission; provide all possible patient identifiers (full name, SSN, DOB, address) and site information of previous submitting institution.

b. If material requires separate mailings, indicate this in all correspondence and include a copy of the completed JPC Consultation Request Form with all submissions. If material cannot be matched or the submitting institution cannot be contacted by the JPC Staff, material will be returned to the submitter.

c. Submitting institutions are responsible for shipping costs and proper packaging of all materials.

d. Overseas DOD facilities should refer to service specific guidelines and all appropriate customs declarations, IATA regulations and markings on final package regarding non-infectious samples of human origin.

References:
Packaging of biological materials must be in accordance with Code of Federal Regulations (49 CFR parts 100-178) Transportation (2014) updated annually.
United States Postal Service Publication 52, Appendix c, Instructions 6C.
Joint Pathology Center Submission Manual.
International Air Transport Association (IATA).

Definitions:

- Diagnostic or Clinical Specimens: Human or Animal material included but not limited to excreta, secreta, blood and tissue components or fluids.
- Primary Container: Container with physical sample or specimen.
- Secondary Container: Container in which sealed primary container is placed.
- Final Package: Outer package used for shipping primary and secondary container combinations, packing materials, documents etc. This is the box or package often provided by commercial couriers with the addresses, tracking, labels and markings.
- Absorbent Material: Cloth, paper or synthetic material used to absorb fluid leaks. For purposes of this document, absorbent material should not be a chemical or material that will affect subsequent processing if samples leak and mix with material such as granulated desiccants or dyed material.
- Packing Material: Material such as styrofoam peanuts, bubble wrap, fitted foam etc. to fill in spaces around secondary container combinations to prevent shipping damage.

3-1 **Pre-Packaging Instructions**

a. Refer to the JPC Submission Manual Chapter 2 or website for samples not accepted by the JPC to avoid undue expense and delay.

b. Ensure all necessary case consultation requests, container labels and shipping documents and the JPC List of Enclosed Pathological Material are complete and placed in protective sleeves.

c. Ensure adequate packing material for primary, secondary and final containers are within acceptable standards (leak and shock resistant).

d. Consider warm temperatures when shipping paraffin blocks (consider using cold packs).

e. All containers should be labeled with appropriate case identification and safety tags. Additional labels are suggested when possible, affixed to outside and/or water tight inside containers for added protection of information.

3-2 **Primary packaging-Wet samples**

a. The primary or “first” container choice to package samples (i.e. plastic bags, specimen cups, glass vials) based on sample size and type.

b. “Ziploc” type bags or any container that has leak potential are unacceptable primary containers.

c. Total volume of liquid of primary containers per shipping package must not exceed 4 liters. Individual primary containers cannot contain more than 1liter liquids.

d. Primary containers (external) must be free of material or sample contaminant (i.e. blood or tissue on container from surgery or autopsy).

e. Fixative or transport material caution labels must be clear and legible.

3-3 **Screw top, snap top containers**

a. Ensure appropriate size and type; avoid fragile material such as large glass containers, or thin plastic susceptible to temperature fluctuations.

b. Wrap wet tissue samples in gauze, lens paper or similar material (no dyed or colored fabric) to provide additional protection from dehydration, sample loss, less shipping weight and leak hazard. Place wrapped material in container.

c. Pour off excess fluid. Saturated samples and wrapping provide fixative or transport fluid to avoid dehydration.

d. Screw or snap on lids as designed and close primary container.

e. Invert or carefully shake container to examine for potential leak points before proceeding and adjust as needed.

f. Wrap or Seal with additional parafilm or adhesive type material at all potential leak points, usually around the lid of most container types.

3-4 **Plastic bags**

a. Ensure plastic bags are of sufficient thickness.

b. Ensure plastic bags are suitable for heat or adhesive sealing.

c. Wrap fixative or transport fluid saturated tissue samples in gauze or toweling material and place in bag. Samples with staple sutures, fragments, and bone fragments pose a puncture risk and should be placed in rigid primary containers. DO NOT MIX CASES!

d. Pour off excess fluid, remove as much air possible and seal (heat or adhesive).

e. Place sealed bag into second bag and seal.

f. Invert sealed bag(s) to examine for leaks.

3-5 Secondary packaging-Wet samples

a. Sealed primary containers are placed in larger secondary leak proof containers with sufficient absorbent material in case of damage of primary container.

b. Multiple primary containers from same case can be placed in one secondary container of sufficient size and type to withstand shifting during shipment.

c. Secondary containers placed in final shipping container should be sturdy enough to protect primary contents, provide containment of materials in case of damage, size appropriate for final shipping package and labeled accordingly.

d. Secondary container types may be larger versions of primary containers and should withstand the same water tight standards as primary containers.

3-6 Final Packaging-Wet Samples

a. Refer to CFR 49 for specific final container minimum standards, hazard and safety warnings and label positioning.

b. Place secondary containers and other articles for shipping in final container creating space between containers using packing material.

c. Ensure articles and cases are separated safely to avoid puncture or tear hazards. (do not mix wet tissue, blocks, slides)

3-7 Primary packaging-Paraffin Blocks

a. Paraffin blocks should be clearly labeled be free of excess debris and packaged together by surgical number. Do not mix blocks from different cases.

b. Paraffin blocks should not be wrapped in gauze or material that may imprint on the block face and interfere with subsequent processing.

c. Commercially available block holders designed for shipping are recommended, or, blocks may be placed in separate plastic bags.

d. Temperature fluctuations occur during warmer temperatures and extended shipping periods. Paraffin blocks can melt creating safety hazards, delays and possible sample loss. Commercially available block holders designed for shipping and maintaining cooler temperatures or other adjustments such as cold packs should be considered. When using cold packs, ensure that the cold packs are in a separate bag or container with absorbent materials for the condensate.

3-8 Secondary and final packaging of Paraffin Blocks

a. Secondary container for paraffin blocks should be labeled with identifiers used on the primary container, provide significant protection from primary and final package damage or loss and may be used to package several different primary block containers.

b. Suitable containers are “Ziploc” type bags, specimen bags, small cardboard or wooden boxes and any commercially available containment systems.

c. Place primary block containers into secondary containment system and place into final shipping container.

3-9 Primary Containers-Microscopic Glass Slides

a. Glass slides are to be packaged together by surgical number, should be free of excess debris, broken coverslips, or wet, synthetic or aqueous mounting media.

b. Slides are to be carefully placed in single or multiple slide mailers, slotted boxes or various commercially available systems.

c. Slides are to be packaged in primary systems and further steadied by using material to eliminate movement during shipment. Universal slide boxes 10, 20, 50, 100 capacity and 5 slide plastic mailers are excellent for shipping slides. Cloth, fabric, gauze or other soft material are placed gently on the slides and the lid closed, securing the slides in place. Ensure the fit is tight enough to steady slides to not break, and not too loose allowing shifting and breakage. Shake the container to ensure no free movement of slides.

d. Cardboard or similar flat shipping options require secure placement with removable tape to avoid movement or dislocation from primary container during shipping. Cardboard or flat type mailers are free of extraneous labels and should include all pertinent labeling (patient, safety). Examine to ensure no loose slides or drop points.

e. Shipments requiring multiple cases of slides may be placed in the same primary container, provided the cases are clearly identified and separated by at least one slide slot or space.

f. Paraffin Blocks and Glass slides combined in a primary container must:
   (1) Belong to one case or reference number.
   (2) Placed in container separating blocks and slides.
   (3) Allow secure and separate placement of both sample types.
   (4) Blocks must be placed in sealed bags with no chance of melted paraffin contaminating slides. Do not place unwrapped loose blocks with glass slides.

3-10 Special Packaging and Shipping of non-routine material

a. Radioactive material- Cases with material containing or suspected of radioactive exposure or contamination require different handling and documentation. Institutions are strongly recommended to contact the Joint Pathology Center and department associated with case

prior to shipment to ensure proper handling upon receipt and to determine if case material is appropriate to ship.

b. Material containing or suspected of containing radioactive material must include documentation from submission site Radiation Safety Officer.

3-11 **Frozen Material**

Frozen material shipments must be coordinated with the JPC prior to shipment, especially cases requiring long shipment routes or over the weekend.

a. Containers for frozen material must be packaged in accordance with IATA and CFR regulations. In addition to addresses and required markings and labels, boxes must be labeled with RUSH FRAGILE, BIOLOGICAL MATERIAL and the DRY ICE placement date and abatement date (example-Dry Ice will last 48 hrs. from 1200 3Jan).

b. Refrigerated, cool or non-frozen material such as blood products that require maintaining cool but not frozen temperatures must be coordinated with JPC prior to shipment.

c. Shipments such as blood tubes should be packaged with commercially designed systems for fragile material to reduce breakage, allow for extended shipping times that will comply with all transportation regulations.

3-12 **Electron Microscopy Samples (TEM only)**

a. Wet tissue for Electron Microscopy studies are packaged as described in section 3.2 and 3.3. Most samples are placed in vials less than 10ml, but still require the same stringent standards of water tight containment.

b. Epoxy blocks may be placed in small boxes, bags or commercially available holders. Blocks should be labeled and packaged in labeled secondary container.

c. Grids for Electron Microscopy are placed in gelatin capsules or similar containment subsequently placed in a sturdy, dry environment and clearly labeled.

3-13 **Radiographs, film, micrographs, printed material**

a. JPC recommends material such as x-rays, photo prints or any material capable of being digitized be submitted on CD/DVD or suitable electronic media. Ensure CD/DVD material is packed with additional protective material to avoid breakage.

b. When sending printed or digital case materials separately from samples, all shipping documents, JPC Consultation Request form and packing list are treated as all other single package shipments. Separate shipments relating to the same case or patient must be identified in each shipment (e.g. 1 of 2).

c. Combining samples and printed or digitized material in one shipment is acceptable and recommended. All combination shipments require an additional level of attention to packing and final shipping to avoid any contamination due to damage.

CHECKLIST FOR PACKING AND SHIPPING ROUTINE SAMPLES TO JPC

MATERIALS:

__Primary and Secondary containment, final packaging, absorbent, over-packed?

__JPC Consultation Request Forms, JPC Accessioning Submission Acknowledgement and Receipt, documents?

__Courier tracking number?

__Dry Ice or refrigerated material? JPC contacted?

WET Samples:

__Primary and Secondary Containment system labeled and leak tested?

__Individual Cases Separated?

PARAFFIN BLOCKS:

__Blocks separated, individually contained, protected from heat?

MICROSCOPIC GLASS SLIDES:

__Intact, secured, dry, labeled?

PRINTED OR DIGITIZED MATERIAL:

__Properly identified if separate shipment?

__Safely segregated from samples in same shipment?

TEM Material:

__Epoxy Blocks labeled?

__Grids placed and labeled in dry container.

DEPLETED URANIUM EMBEDDED METAL FRAGMENTS RADIOACTIVE:

__JPC contacted?

__Correct address?

__Special Handling?

CHAPTER 4

PATHOLOGIC MATERIALS RETENTION AND RELEASE POLICY

Accessioned cases and associated materials are, in the absence of clear information to the contrary, considered to have been transferred irrevocably to the JPC by gift or other conveyance from an individual or entity with the authority to make such a transfer, and become the property of the JPC when the case is accessioned.

4-1. **Materials Retention Policy**

a. Slides submitted with each case are retained at the JPC. If the return of original slides is approved, digital images of the slides will be made for retention in the case folder.

b. Submitted paraffin blocks and wet tissue specimens may be returned to the original submitting institution upon request. The return of blocks should be requested at the time of submission on the JPC *Consultation Request Form.* To request the return of blocks after they have been submitted, see paragraph 4-2 of this Chapter.

c. Clinical and gross photographs will be copied for retention at the JPC and the originals returned if their return is requested at the time of submission. X-ray films will also be copied for retention and returned. Discs containing radiologic images will be kept at the JPC.

4-2. **Requesting Return or Loan of Materials**

a. Arrangements can be made for the JPC to loan pathologic material for patient treatment, research or litigation. In such cases, the JPC will usually retain representative diagnostic material.

(1) Requests from original submitting institution for return of blocks and/or the loan of pathologic materials will be promptly processed.

(2) Requests from individuals or organizations other than the original submitting institution must be accompanied by a properly executed HIPAA compliant authorization signed by the patient or designated representative, in addition to the Request for Release of patient material form. The HIPAA-compliant Form, DD Form 2870, Authorization for Disclosure of Medical or Dental Information and the Request for Release of patient material forms that should be used for this purpose are available at www.jpc.capmed.mil or www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm. Subpoenas for materials of living patients will be honored without an accompanying patient or legal

representative authorization only if they are signed by an authorized representative of the court (judge or magistrate) and contain findings by the court that the material is relevant to the litigation and no privileges apply. Subpoenas for materials of decedents will be honored without an accompanying personal representative authorization if the subpoena and the circumstances of its issuance constitute a valid basis under local law for the release of the material from JPC to the requester, and the requester complies with 45 CFR 164.512(e). To avoid delays, requesters should include an express mail courier account number when requesting the loan or release of material.

b. Loan of materials will be for a period of 30 days. Extensions of this loan period must be requested in writing prior to the expiration of the loan period. If it is necessary, for the purposes of litigation, to examine all material at one time, arrangements can be made for experts to examine the material at the JPC facilities.

c. All requests concerning the return and/or loan of pathologic materials should be forwarded to the following address. Requests should <u>not</u> be forwarded to the pathologist or subspecialty that originally reviewed the case.

Joint Pathology Center
Special Handling Office
606 Stephen Sitter Avenue
Silver Spring, MD 20910

Phone # (Toll Free):
1-855-393-3904, option 5
Fax: 301-295-5661

d. There is no charge for the loan of pathologic materials. Charges may be applied if the JPC is asked to duplicate or cut additional slides.

4-3. **Obtaining Copies of Case Files.**

Requests for copies of the pathologic case file will be processed in the same manner as requests for return or loan of pathologic materials. No fee will be charged to the original submitting institutions or Federal and state governmental agencies. However, a copying, duplication and handling fee may result in a charged fee for requests from law firms, insurance companies and patients requesting copies for their personal use.

CHAPTER 5

WHERE TO DIRECT INQUIRIES AND OBTAIN INFORMATION

In order to obtain the most efficient service possible, inquiries and requests for information should be directed to the below listed offices based on what information is required.

5-1. **Case Inquiries**

a. Inquiries concerning the status of a case recently submitted to the JPC should be directed to Customer Service at 855-393-3904, option 5. This office will be able to provide the following information about a case if it has already been accessioned: 1) the date the case was accessioned; 2) the JPC accession number assigned; and 3) whether-or-not the case has been completed. If more information is needed, your call will be transferred to the administrative staff servicing the subspecialty to which the case is assigned.

b. Requests concerning finalized cases and material should be directed to Customer Service at 855-393-3904, option 5.

c. Inquiries may also be submitted via the JPC website, www.jpc.capmed.mil
All inquiries containing patient information must be encrypted. We are unable to respond to unencrypted messages containing patient information, as this would be a HIPAA violation.

We hope this guide has been useful and assists in the submission of your cases to the JPC. Questions concerning the contents of this guide can be directed to the following address:

Joint Pathology Center
Customer Service
606 Stephen Sitter Avenue
Silver Spring, MD 20910

dha.ncr.ncr-medical-dir-jpc.mbx.help@mail.mil
Phone (Toll Free):
1-855-393-3904, option 5
Fax: 301-295-0104

APPENDIX A

JPC PATHOLOGY CONSULTATION REQUEST FORM

(Please Complete All "Required" Sections)

ATTN: Joint Pathology Center
Case Accessioning
606 Stephen Sitter Avenue
Silver Spring, MD 20910-1290

PATIENT INFORMATION *(Required)*

LAST NAME **FIRST** **MIDDLE INITIAL**

AGE

SEX ☐ Male ☐ Female

DATE OF BIRTH
Month: Day: Year:

SOCIAL SECURITY No.

RACE
☐ American Indian or Alaskan Native
☐ Asian or Pacific Islander
☐ Black ☐ White ☐ Unknown

ETHNICITY
☐ Hispanic ☐ Not of Hispanic Origin

If the patient previously had consultation with the JPC or AFIP please provide the JPC/AFIP Accession No.

MATERIALS FORWARDED *(Required)*

Case(*s*) for Consultation Surgical No./Autopsy No.: _____

Case(*s*) for Comparison Surgical No./ Autopsy No.: _____
(*No Report Will Be Issued*)

NOTE: FOR ORTHOPEDIC, PULMONARY, AND NEUROPATHOLOGY CONSULTATIONS, IMAGING STUDIES MUST BE SUBMITTED ON DISK (please protect against breakage)

☐ Clinical Information *(req'd)*
☐ Surgical Path Report *(req'd)*
☐ Slides *(req'd)* _____
☐ Blocks _____
☐ Formalin Fixed (*Wet Tissue)*
☐ Autopsy Protocol
☐ Frozen Tissue _____
☐ X-rays Films _____
☐ Flow Cytometry/Cytogenetics _____
☐ Photos _____
☐ Disk _____
☐ Other _____

Specimen Containers must be labeled with two identifiers, such as Patient Name and SSN/D.O.B or Surgical or Autopsy Number.

Organ : _____

FIXATIVE/TRANSPORT MEDIUM

☐ Formalin
☐ Glyo-Fixx™
☐ Frozen
☐ Other
☐ Michel's
☐ Alcohol (*eg: Omnifx Safe-Fix, Histochoice*)
☐ Glutaraldehyde

_____
(*Zenkers, Bouins, etc.*)

☐ I am requesting return of slides (*other than H&E slides*)

☐ Blocks will be retained unless this box is checked.

WORKING DIAGNOSIS:

CLINICAL HISTORY: *Include: Location, Size, Symptoms, Duration, Physical and Laboratory Findings, Type and Date of Operation(s) and/or other Treatment.*

SUBMITTING PATHOLOGIST INFORMATION

SUBMITTING PATHOLOGIST NAME _____

FACILITY NAME _____

BUSINESS ADDRESS _____

_____

CITY _____ STATE _____ COUNTRY _____ ZIP CODE _____

PATHOLOGIST PHONE _____ ADMINISTRATIVE PHONE _____ FAX _____

SUBMITTING PATHOLOGIST EMAIL _____

IMPORTANT

Have you enclosed a legible summary of the clinical findings, laboratory data, operative findings or report, and specific treatment? Clinical or gross photos, pertinent X-rays, CT scans, MRI scans, echograms, angiograms, and similiar diagnostic studies add substantially to the education value of the case. They are highly desired by some JPC sub-specialties and required by others.

COMMENTS AND REQUESTS

JPC RETENTION POLICY

1. MICROSCOPIC SLIDES SUBMITTED WITH EACH CASE ARE RETAINED PERMANENTLY. Under certain circumstances original slides may be returned to the Submitting Institution if requested by the Submitting Institution and approved by the JPC.

2. Blocks are retained for a minimum of ten (10) years, unless return is requested by the Submitting Institution at the time the case is submitted. The Submitting Institutions may request return or loan of blocks at some later time. If blocks are returned, then JPC will retain representative diagnostic material.

3. Other pathologic material, X-rays, CT scans, MRI scans, echograms, angiograms, photographs, and similar diagnostic studies may be retained for education and research or discarded.

PRIVACY ACT STATEMENT

1. AUTHORITY: 5 U.S.C. 301 and 10 U.S.C 176, 5 U.S.C. 552a, 10 U.S.C 1079b.

2. PRINCIPAL PURPOSES: Medical information received is considered during the consultative process and is used to form a database for education and research in pathology. Other patient information is used for filing and retrieval of consultation records. Information concerning the contributor is used to maintain contributor mailing lists.

3. a. In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use as follows.
   b. Pathology consultation records are tracked in the Pathology Information Management System database for filing and retrieval of records, medical research, and statistical purposes. Individual consultation records may be released to the submitting medical care provider (physician, veterinarian), when required by law or as otherwise permitted by 45 C.F.R. 164.
   c. The DoD 'Blanket Routine Uses' set forth at the beginning of the Army's compilation of systems of records notices also apply to this system.
   d. Pathology consultation records contain individually identifiable health information. The DoD Health Information Privacy Regulation (DoD 6025.18-R) issued pursuant to the Health Insurance Portability and Accountability Act of 1996, applies to most such health information. DoD 6025.18-R may place additional procedural requirements on the uses and disclosures of such information beyond those found in the Privacy Act of 1974 or mentioned in this Privacy Act Notice.

4. PROVISION OF INFORMATION: The provision of patient information requested on this form is voluntary. However, if the information is not furnished, a consultation may not be possible. If so, the material submitted may be returned at the discretion of the JPC without a consultation.

This form may be reproduced or downloaded at http://www.jpc.capmed.mil.

APPENDIX B

THE JOINT PATHOLOGY CENTER (JPC)
REQUEST FOR RELEASE OF PATIENT MATERIAL

ATTN: The Joint Pathology Center (JPC)
Special Handling Office
606 Stephen Sitter Ave. Silver Spring, MD 20910
Phone: 1-855-393-3904 , Press #5
Fax: 301-295-5661

INSTRUCTIONS:

1) **Healthcare facility that originally submitted patient material to JPC:** Complete Part A of this form and fax, along with your health care facility's Fax Cover Sheet to: JPC. ATTN: Special Handling Office. Fax number 301-295-5661.

2) **Patients or Legal representatives requesting release of patient material:** Complete Part A of this form and complete a DD Form 2870, Authorization for Disclosure of Medical or Dental Information or another HIPAA approved patient consent form. Fax forms to: JPC. ATTN: Special Handling Office. Fax number 301-295-5661. Please Note: Attorneys may submit a Court Subpoena in lieu of the DD Form 2870 or HIPAA approved patient consent form.

PART A - TO BE COMPLETED BY REQUESTOR

CASE IDENTIFICATION *(Required)*

PATIENT'S LAST NAME _____ **FIRST** _____ **MI** _____

SURGICAL/AUTOPSY NUMBER: _____

JPC/AFIP ACCESSION NUMBER: _____

CASE MATERIAL REQUESTED *(Required)*

- ☐ H&E
- ☐ IMMUNO SLIDES
- ☐ SPECIAL STAIN SLIDES
- ☐ BLOCKS
- ☐ OTHER _____

MATERIAL REQUESTED FOR ***(Select One)***

Loan ○ or ○ **Permanent Release**

REQUESTOR IDENTIFICATION *(Required)*

REQUESTOR'S NAME _____

NAME OF FACILITY _____

ADDRESS _____

_____

CITY _____

STATE _____ **ZIP** _____ **COUNTRY** _____

TELEPHONE _____ **FAX** _____

EMAIL _____

EXPRESS MAIL ACCOUNT NUMBER _____

PART B - TO BE COMPLETED BY JPC

DATE RECEIVED: _____

SPECIAL HANDLING OFFICE:

PATHOLOGY SPECIALTY:

JPC PATHOLOGIST COMMENT SECTION

RECOMMEND THE FOLLOWING MATERIAL:

- ☐ H & E
- ☐ FROZEN
- ☐ IMMUNOS
- ☐ SPECIAL STAINS
- ☐ ALL SLIDES
- ☐ BLOCKS
- ☐ DIGITIZE SLIDES
- ☐ OTHER _____

☐ SLIDE SETS HAVE BEEN MADE AND ARE ATTACHED

REMARKS:

SIGNATURE: _____

DATE: _____

Return to Special Handling Office.

PART C- Completed by Spec.Handling/Designee

RECEIVED FROM SUBSPECIALTY

DATE: _____

SENT TO REQUESTOR

DATE: _____

INITIALS OF TECH: _____

RESET FORM

APPENDIX C

AUTHORIZATION FOR DISCLOSURE OF MEDICAL OR DENTAL INFORMATION

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), the notice informs you of the purpose of the form and how it will be used. Please read it carefully.
AUTHORITY: Public Law 104-191; E.O. 9397 (SSAN); DoD 6025.18-R.
PRINCIPAL PURPOSE(S): This form is to provide the Military Treatment Facility/Dental Treatment Facility/TRICARE Health Plan with a means to request the use and/or disclosure of an individual's protected health information.
ROUTINE USE(S): To any third party or the individual upon authorization for the disclosure from the individual for: personal use; insurance; continued medical care; school; legal; retirement/separation; or other reasons.
DISCLOSURE: Voluntary. Failure to sign the authorization form will result in the non-release of the protected health information.
This form will not be used for the authorization to disclose alcohol or drug abuse patient information from medical records or for authorization to disclose information from records of an alcohol or drug abuse treatment program. In addition, any use as an authorization to use or disclose psychotherapy notes may not be combined with another authorization except one to use or disclose psychotherapy notes.

SECTION I - PATIENT DATA

1. NAME *(Last, First, Middle Initial)*	2. DATE OF BIRTH *(YYYYMMDD)*	3. SOCIAL SECURITY NUMBER
4. PERIOD OF TREATMENT: FROM - TO *(YYYYMMDD)*	5. TYPE OF TREATMENT *(X one)* ☐ OUTPATIENT ☐ INPATIENT ☐ BOTH	

SECTION II - DISCLOSURE

6. I AUTHORIZE _____ TO RELEASE MY PATIENT INFORMATION TO:
(Name of Facility/TRICARE Health Plan)

a. NAME OF PHYSICIAN, FACILITY, OR TRICARE HEALTH PLAN	b. ADDRESS *(Street, City, State and ZIP Code)*
c. TELEPHONE *(Include Area Code)*	d. FAX *(Include Area Code)*

7. REASON FOR REQUEST/USE OF MEDICAL INFORMATION *(X as applicable)*
☐ PERSONAL USE ☐ CONTINUED MEDICAL CARE ☐ SCHOOL ☐ OTHER *(Specify)*
☐ INSURANCE ☐ RETIREMENT/SEPARATION ☐ LEGAL

8. INFORMATION TO BE RELEASED

9. AUTHORIZATION START DATE *(YYYYMMDD)*	10. AUTHORIZATION EXPIRATION ☐ DATE *(YYYYMMDD)* ☐ ACTION COMPLETED

SECTION III - RELEASE AUTHORIZATION

I understand that:
a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept or to the TMA Privacy Officer if this is an authorization for information possessed by the TRICARE Health Plan rather than an MTF or DTF. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.
b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.
c. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR §164.524.
d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.
I request and authorize the named provider/treatment facility/TRICARE Health Plan to release the information described above to the named individual/organization indicated.

11. SIGNATURE OF PATIENT/PARENT/LEGAL REPRESENTATIVE	12. RELATIONSHIP TO PATIENT *(If applicable)*	13. DATE *(YYYYMMDD)*

SECTION IV - FOR STAFF USE ONLY *(To be completed only upon receipt of written revocation)*

14. X IF APPLICABLE: ☐ AUTHORIZATION REVOKED	15. REVOCATION COMPLETED BY	16. DATE *(YYYYMMDD)*

17. IMPRINT OF PATIENT IDENTIFICATION PLATE WHEN AVAILABLE	SPONSOR NAME: SPONSOR RANK: FMP/SPONSOR SSN: BRANCH OF SERVICE: PHONE NUMBER:

Reset

APPENDIX D

JOINT PATHOLOGY CENTER
ATTN: Registry Submissions
606 Stephen Sitter Avenue
Silver Spring, MD 20910-1258

JOINT PATHOLOGY CENTER (JPC) REGISTRY SUBMISSION ACKNOWLEDGEMENT AND RECEIPT

PAGE ___ OF ____PAGES

Please be advised that no histopathological review will be conducted by the JPC for these submissions. JPC policy is to provide such review only when expressly requested using a JPC Contributor's Consultation Request Form. If you have any questions regarding the status of a case, please contact JPC Customer Services at dha.ncr.ncr-medical-dir-jpc.mbx.help@mail.mil via encrypted email or call toll free at 1-855-393-3904. **DO NOT USE FOR CONSULTATION.**

1. CONTRIBUTOR *(Facility Name, Address)*	2. CONTACT NUMBERS 2a. PHONE 2b. FAX	3. SUBMITTED *(Date)*	4. RECEIVED *(Date)*

5a. PATIENT NAME *(Last, First, MI)*	5b. SSN (Last Four)	6. CONTRIBUTOR'S ACCESSION NUMBER	7. MATERIALS SENT *(Quantity)*				8. REGISTRY *(POW, AGO, KUW, IRQ, AFG, etc.)*	9. RECEIVED *(X*		10. JPC COMMENTS	11. JPC ACCESSION NUMBER
			7a. PATH/CYTOL REPORT	7b. GLASS SLIDES	7c. PARAFFIN BLOCKS	7d. WET TISSUE		Y	N		

The Joint Pathology Center

APPENDIX E

HEPATIC PATHOLOGY ADDITIONAL INFORMATION REQUEST

1. TO:	
2. FROM:	**6**. Telephone**:**
3. FAX:	**7.** Email**:**
4. JPC Accession Number:	
5. Patient Name:	**8. Surgical Case #:**
9. We have received and are working on the case you sent in for consultation. The following information is needed to help us formulate the best interpretation of the biopsy material.	
a. A narrative clinical-laboratory summary covering this information is also acceptable.	
Indication for biopsy or operation:	
Basis for patient's previous diagnosis:	
Operative findings:	
Clinical evidence of liver disease:	
History of alcohol use:	
History of hepatitis exposure (including transfusions or IV drug use):	
History of diabetes or obesity:	
Medications (dates used), including nonprescription, vitamins,	
herbal preparations & dietary supplements:	
Imaging studies or results of imaging studies of the liver & biliary tract:	
b. Laboratory data & date obtained (supply as much as possible):	

AST (SGOT)	Anti-HAV	Other
ALT (SGPT)	HBsAg	
Alkaline Phosphatse	Anti-HBc	
GGTP	Anti-HBs	
Bilirubin	HBeAg	
Total Protein	Anti-HCV	
Albumin	HCV RNA	
Prothrombin Time	ANA	
Cholesterol	ASmA	
Glucose	AMA	

10. Please fax the information as soon as possible to 301-295-0104

TELEPATHOLOGY CONSULTATION REQUEST FORM
JOINT PATHOLOGY CENTER

ATTN: Joint Pathology Center
Telepathology
606 Stephen Sitter Ave.
Silver Spring, MD 20910

PATIENT INFORMATION *(Required)*

LAST NAME **FIRST** **MIDDLE INITIAL**

AFIP/JPC Accession No., Material Forwarded *(previous if known):*

AGE:

SEX: ◯ Male ◯ Female

DATE OF BIRTH
Month: Day: Year:
/ /

SOCIAL SECURITY NO.
— —

RACE *(Required)*
◯ American Indian or Alaskan Native
◯ Asian or Pacific Islander
◯ Black ◯ White ◯ Unknown

ETHNICITY *(Required)*
◯ Hispanic ◯ Not of Hispanic Origin

CASE IDENTIFICATION *(Required)*
Specific Biopsy Site or Organ _____

SPECIMEN IDENTIFICATION *(Required)*
Specimen Containers must be labeled with two identifiers _____

Contributor's Accession No.(s) _____

Requested Department _____

ELECTRONIC CASE MATERIAL *(Required)*
☐ Digital Slides _____
☐ Static Images _____
☐ Other _____

JPC USE ONLY
Trestle DSM ☐
Web Address _____

CONTRIBUTOR'S WORKING DIAGNOSIS: *(Differential diagnosis and questions should be entered in "Comments and Requests" Section)*

CLINICAL HISTORY: *Include: Location, Size, Symptoms, Duration, Physical and Laboratory Findings, Type and Date of Operation(s) and/or other Treatment.*

(Continue in "Comment and Requests" section)

CONTRIBUTOR'S INFORMATION

CONTRIBUTOR'S NAME _____

NAME OF FACILITY _____

BUSINESS ADDRESS _____

_____

CITY _____ STATE _____ ZIP CODE _____

COUNTRY _____

TELEPHONE _____ FAX _____

EMAIL _____

IMPORTANT

Have you enclosed a legible summary of the clinical findings, laboratory data, operative findings or report, and specific treatment? Cases selected for inclusion in specific registries often require additional information. Clinical or gross photos, pertinent X-rays, CT scans, MRI scans, echograms, angiograms, and similar diagnostic studies add substantially to the education value of the case. They are highly desired by some departments and required by others.

COMMENTS AND REQUESTS

JPC RETENTION POLICY

1. MICROSCOPIC SLIDES SUBMITTED WITH EACH CASE ARE RETAINED PERMANENTLY. Under certain circumstances original slides may be returned to the Contributor if requested by the Contributor and approved by the JPC. If slides are returned, then each slide will be digitized at the expense of the Contributor.

2. Blocks are retained for a minimum of ten (10) years, unless return is requested by the Contributor at the time the case is submitted. Contributors may request return or loan of blocks at some later time. If blocks are returned, then JPC will retain representative diagnostic material.

3. Other pathologic material, X-rays, CT scans, MRI scans, echograms, angiograms, photographs, and similar diagnostic studies may be retained for education and research or discarded.

PRIVACY ACT STATEMENT

1. AUTHORITY: 5 U.S.C. 301 and 10 U.S.C 176, 5 U.S.C. 552a, 10 U.S.C 1079b.

2. PRINCIPAL PURPOSES: Medical information received is considered during the consultative process and is used to form a database for education and research in pathology. Other patient information is used for filing and retrieval of consultation records. Information concerning the contributor is used to maintain contributor mailing lists.

3. ROUTINE USES:

a. In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use as follows.

b. Pathology consultation records are tracked in the Pathology Information Management System database for filing and retrieval of records, medical research, and statistical purposes. Individual consultation records may be released to the contributing medical care provider (physician, veterinarian), when required by law or as otherwise permitted by 45 C.F.R. 164.

c. The DoD ‘Blanket Routine Uses’ set forth at the beginning of the Army’s compilation of systems of records notices also apply to this system.

d. Pathology consultation records contain individually identifiable health information. The DoD Health Information Privacy Regulation (DoD 6025.18-R) issued pursuant to the Health Insurance Portability and Accountability Act of 1996, applies to most such health information. DoD 6025.18-R may place additional procedural requirements on the uses and disclosures of such information beyond those found in the Privacy Act of 1974 or mentioned in this Privacy Act Notice.

4. PROVISION OF INFORMATION: The provision of patient information requested on this form is voluntary. However, if the information is not furnished, a consultation may not be possible. If so, the material submitted may be returned at the discretion of the JPC without a consultation.

This form may be reproduced by the contributor or requested from JPC.

RESET FORM

APPENDIX G

JOINT PATHOLOGY CENTER
ATTN: ACCESSIONING SECTION
606 Stephen Sitter Avenue
Silver Spring, MD 20910-1258

JOINT PATHOLOGY CENTER (JPC) ACCESSIONING SUBMISSION ACKNOWLEDGEMENT AND RECEIPT

PAGE ___ OF ____PAGES

Please be advised that a complete JPC Consultative Request Form, Surgical and Pathology Report with appropriate material for each case. The JPC Accessioning Submission Acknowledgement and Receipt form will be used to notify the submitting facility of receipt of material/document and any issue.

1. SUBMITTING *(Facility Name, Address)*	2. CONTACT INFORMATION 2a. NAME: 2b. PHONE: 2c. FAX:	3. SUBMITTED *(Date)*	4. RECEIVED *(Date)*

5. PATIENT NAME *(Last, First, MI)*	6. PREFIX/SSN (Last Four)	7. CONTRIBUTOR'S SURGICAL NUMBER	8. MATERIALS SENT *(Quantity)*					9. RECEIVED *(X one)*		10. JPC COMMENTS
			8a. CONSULT FORM	8b. PATH/SURG REPORT	8c. GLASS SLIDES (QTS)	8d. PARAFFIN BLOCKS (QTS)	8e. WET TISSUE (QTS)	Y	N	