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