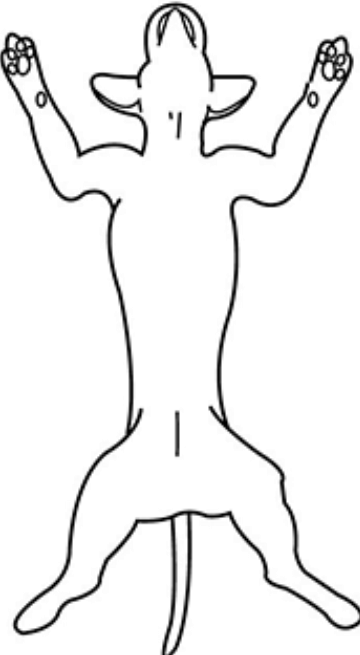
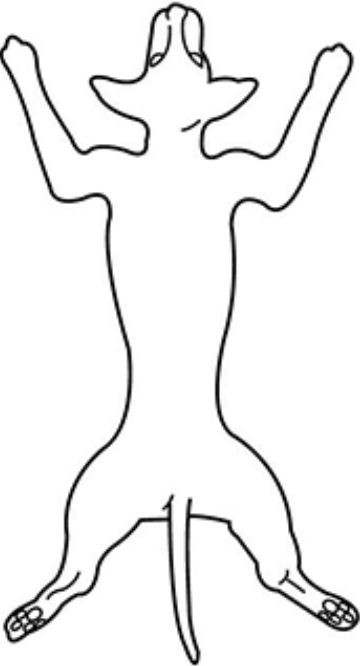


VETERINARY CONSULTATION REQUEST FORM JOINT PATHOLOGY CENTER https://JPC.CAPMED.MIL			Previous Submission? ☐ Yes [†] ☐ No †JPC Accession Number		PRIORITY REQUESTED ☒ Routine ☐ Urgent (reserved for <u>emergent</u> cases) ☐ No Letter (for training or research)	
PATIENT INFORMATION (Required)					☐ Government Animal	
OWNER NAME (Last, First)			ANIMAL NAME		☐ Privately-Owned Animal	
					☐ Wednesday Slide Conference	
SEX: ☐ Male ☐ Female			DATE OF BIRTH (AGE _____) Month / Day / Year:		☐ Other _____	
NEUTERED: ☐ Yes ☐ No					VITAL STATUS	
COMMON NAME			BREED		☐ Alive	
					☐ Spontaneous Death	
			GENUS AND SPECIES		☐ Euthanized Method _____	
MATERIALS SUBMITTED (*Required)					TYPE OF BIOPSY	
☒ Clinical Information* ☐ Formalin Fixed (<i>Wet tissue</i>) ☐ Photos (Qty _____)					☐ Excisional ☐ Needle	
☐ Surgical Path Report ☐ Slides (Qty* _____) ☐ Imaging (Qty _____)					☐ Incisional ☐ Endoscopic	
☐ Autopsy Report ☐ Blocks (Qty* _____) <i>**Email digital images to the address provided below**</i>					☐ Punch ☐ Other _____	
WORKING DIAGNOSIS					TYPE OF CYTOLOGY	
					☐ Fine Needle Aspirate	
ANATOMIC LOCATION OF SPECIMEN(S) (Indicate on below diagram or specify tissue)					☐ Touch Impression	
					☐ Other _____	
VENTRAL  DORSAL 					**THIS SECTION IS <u>CRITICAL</u> FOR A REFINED DIAGNOSIS** CLINICAL HISTORY (Provide a detailed clinical summary to include location, size, distribution, appearance, duration, symptoms, physical and laboratory findings, and other pertinent information. To prevent unnecessary delays, kindly avoid referring to electronic record.)	
DATE OF SPECIMEN COLLECTION _____					(Continue on back)	
CONTRIBUTOR INFORMATION (Complete <u>entire block</u> to avoid delay in case processing)					Digital photos, imaging (X-ray, MRI, CT, ultrasound), and/or questions may be emailed to: dha.ncr.joint-path-center.mbx.askvetpath@health.mil	
CONTRIBUTOR'S NAME _____						
EMAIL _____						
NAME OF FACILITY _____						
BUSINESS ADDRESS _____						
CITY _____ STATE _____ ZIP CODE _____						
COUNTRY _____						
TELEPHONE _____						

OWNER LAST NAME	ANIMAL NAME
ADDITIONAL COMMENTS AND REQUESTS (Provide <u>justification for urgent priority</u> requests here)	

IMPORTANT SUBMISSION INFORMATION

****LABEL ALL SUBMITTED CONTAINERS / SLIDES WITH PATIENT AND OWNER NAME, CLINIC NAME, AND TISSUE SOURCE****

1. Address material to:

**Joint Pathology Center
ATTN: Vet Path Service
606 Stephen Sitter Ave.
Silver Spring, MD 20910**
2. To protect from any possible leaking, enclose this consultation request form and any supporting documentation in a separate plastic bag prior to submitting with tissue specimen(s).
3. Avoid shipping tissues specimens immersed in formalin. After 24-48 hours, remove adequately fixed tissue specimens from formalin and either wrap in formalin-soaked sponges or place in formalin-soaked tissue bags prior to double-bagging in heavy-duty plastic bags.
4. Never prepare, store, or ship cytologic specimens with formalin-fixed tissues. This inhibits our ability to read cytologic specimens due to exposure artifact and often results in non-diagnostic specimens.
5. We do not accept and will immediately discard the following materials:
 - a. Fluid samples
 - b. Culture samples
 - c. Stones (e.g., urinary or gallbladder)
 - d. Tissue for rabies testing

JPC RETENTION POLICY

1. Microscopic slides submitted with each case are retained permanently. Under certain circumstances, original slides may be returned to the contributor by written request with approval by JPC.
2. Blocks are retained for a minimum of ten (10) years, unless return is requested by the contributor at the time of case submission. Return or loan of blocks may also be requested by the contributor at a later time.
3. All case material including wet tissue, X-rays, CT scans, MRI scans, echograms, angiograms, photographs, and similar diagnostic studies may be retained.
4. Retained slides, blocks, and additional case material may be used for education or research.