

**CONTRIBUTOR'S CONSULTATION REQUEST FORM  
ARMED FORCES INSTITUTE OF PATHOLOGY**

**ATTN:** Armed Forces Institute of Pathology  
CMAD  
6825 16th Street NW  
Bldg. 54, Room G071  
Washington DC 20306-6000

**PATIENT INFORMATION** (Required)

**AFIP Accession No.** (previous if known):

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

**RACE**

- American Indian or Alaskan Native  
 Asian or Pacific Islander  
 Black     White     Unknown

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
 Month:      Day:      Year:      SEX:  Male     Female

**ETHNICITY**

- Hispanic     Not of Hispanic Origin

**MATERIALS FORWARDED**

- Clinical Information (req'd)     Formalin Fixed (Wet Tissue)     Frozen Tissue \_\_\_\_\_  
 Surgical Path Report (req'd)     Autopsy Protocol     X-rays \_\_\_\_\_  
 Slides (req'd) \_\_\_\_\_     Rpt of Investigation (AFME)     Photos \_\_\_\_\_  
 Blocks \_\_\_\_\_     Rpt of Toxicologic Studies (AFME)     Other \_\_\_\_\_

**FIXATIVE** (Required)

- Formalin  
 B5  
 Glyo-Fixx  
 Alcohol (eg: Omnifx\*  
 Safe-Fix\*, Histochoice\*) (\*TM)  
 Frozen  
 Immunoflouresence  
 EM  
 Other  
 \_\_\_\_\_ Zenkers, Bouins, etc.

**REGISTRIES/SERS**

- SERS  
 POW  
 Kuwait/Persian Gulf  
 Iraqi Freedom  
 Enduring Freedom (Afghanistan)  
 Agent Orange  
 Depleted Uranium  
 Leishmaniasis  
 Other

**CASE IDENTIFICATION**

Specific Biopsy Site or Organ (Required)

Contributor's Accession No.(s)

Requested Department

**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**

**BILLING INFORMATION**

CONTRIBUTOR'S NAME \_\_\_\_\_

NAME \_\_\_\_\_

NAME OF FACILITY \_\_\_\_\_

NAME OF FACILITY \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_

COUNTRY \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

EMAIL \_\_\_\_\_

(Civilian Contributors Only) AFIP cannot bill insurance companies.

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

### 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:

### AFIP 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 Chair of the Department that would review the case. 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 AFIP 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.

**If I am a civilian (non-Federal) Contributor, I certify, to the best of my knowledge and belief, that no claim for medical malpractice has been, or is about to be, filed by the patient or his/her legal representative involving the material I am submitting to the AFIP. By signing my signature below I also affirm that I have read and understand the PRIVACY ACT STATEMENT below.**

SIGNATURE OF CONTRIBUTOR

DATE REQUEST FORWARDED (YYYYMMDD)

### 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 AFIP without a consultation.

### CIVILIAN CASE BILLING POLICY

1. The AFIP does not bill Medicare, Medicaid, Tricare or any insurance company.
2. Retainer accounts can be established with the AFIP Business Office. The minimum retainer account is \$5,000.
3. If someone other than the contributor is responsible for payment, an alternate billing address must be provided or the contributor will be billed. Please use the appropriate box under "CONTRIBUTOR'S INFORMATION" on Page 1.
4. If a contributor asks for return of slides, and no other tissue has been sent, there will be a \$50 per CD charge for AFIP to digitize a representative sample of slide for retention of images for risk management, archival and legal purposes.
5. Patients directly requesting a consultation **MUST** send a check or money order (with case) made payable to AFIP in the amount of \$171.10. The Contributor will be billed if patient payment is not enclosed. This is a minimum charge for a consultation and additional charges could incur. The patient's billing address should also be provided.