 APPENDIX D

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

THE JOINT PATHOLOGY CENTER (JPC) REGISTRY SUBMISSION ACKNOWLEDGEMENT AND RECEIPT FORM

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Please be advised that no histopathological review will be conducted by the JPC for these submissions. The 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 the JPC Customer Services at dha.ncr.ncr-medical-dir-jpc.mbx.help@health.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**	3. **SUBMITTED** *(Date)*	4. **RECEIVED** *(Date)*
	2a. **PHONE**		
	2b. **FAX**		

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**		