

# 100496.79 JPC Submission Manual

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Organization The Joint Pathology Center

## Author

Grace Deneke

## Comments for version 5.0

QA Initiated: Annual review of submission manual. If no comment please indicate and approve. Please complete by July 1st 2020. Please make sure Anula Bhusry and Renee Upshurtyree have a chance to review. Anula Bhusry and Renee Upshurtyree have been added to the review of the Submission Manual. No separate comments by me. Renee has already added the comments on both our behalves. Pg. 3 - Releasability: The word Center is missing after Joint Pathology ..... Pg. 6d: The JPC Consultation Request Form do not have a field for patient's SSN and Sponsor SSN. Also, there is not enough digit space for the FMP Consultative Service revision sent to Ms. Deneke. Dr. Brissette's edit. Dr. Lewin-Smith's edit. I have deleted paragraph 4-1 d, because the old policy HA 07-029 has been incorporated and canceled into DoDI 6490.03 which does not have a specific retention statement. Services can make their own as Navy has, but it is difficult to encapsulate this currently. If we get a request to return a fragment the patient's branch of service is important. Most Army EMFs are forwarded to USA PHC for analysis. The issue could be Army intra-ocular foreign bodies, and Air Force. Where we would need additional guidance before returning it. Reviewed. I will have to come back to this later. Please put the following under Chapter 2 under the NOTE: 5. The JPC Molecular laboratories do not accept in general "molecular testing only" cases directly from VA hospitals and majority of military hospitals (except for a few limited military hospitals). Put the following under the section of e. Certain services within the JPC, due to their particular mission, have additional requirements. These are detailed below: (11) Molecular Pathology: Provide clinical information on: Anatomic site of lesion, type of procedure, surgical pathology diagnosis, and information on previous molecular diagnosis testing with report. Slide materials: A. For PCR based assays: 5-10 unstained slides with an HE slide for small core biopsy specimens; 2-5 unstained slides with an HE slide for excision specimens. B. For FISH assays: 4 unstained slides (3-4 microns in thickness, using Superfrost Plus slides) along with an HE slide. C. For NGS assays: 10-15 unstained slides for small core biopsy specimens and 5-10 for excision specimens along with an HE slide. (11) Molecular Pathology: Provide clinical information on: Anatomic site of lesion, type of procedure, surgical pathology diagnosis, and information on previous molecular diagnosis testing with report. Slide materials: A. For PCR based assays: 5-10 unstained slides with an HE slide for small core biopsy specimens; 2-5 unstained slides with an HE slide for excision specimens. B. For FISH assays: 4 unstained slides (3-4 microns in thickness, using Superfrost Plus slides) along with an HE slide. C. For NGS assays: 10-15 unstained slides for small core biopsy specimens and 5-10 for excision specimens along with an HE slide. Reviewed. I have no comments to add. Reviewed by all on the Collaborative Workflow

## Approval and Periodic Review Signatures

Type	Description	Date	Version	Performed By	Notes
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4.0	Retired	Major revision	4/19/2019	8/13/2019	7/3/2020
3.0	Retired	Major revision	7/31/2018	7/31/2018	8/13/2019
2.0	Retired	First version in Document Control	6/13/2017	6/13/2017	7/31/2018

#### Linked Documents

- 100496.34 Consultation Request Form

- 100496.35 Hepatic Pathology Additional Information Request Form
- 100496.81 Authorization for Disclosure of Medical or Dental Information
- 100496.82 Registry Submission Acknowledgement and Receipt Form
- 100496.83 Accessioning Submission Acknowledgement and Receipt Form
- 100496.180 Appendix C Request for release of patient material



# The Joint Pathology Center Submission Manual

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06/2020

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



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## THE JOINT PATHOLOGY SUBMISSION MANUAL

**PURPOSE:** THE PURPOSE OF THIS MANUAL IS TO ASSIST SUBMITTING FACILITIES 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](http://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](mailto:dha.ncr.ncr-medical-dir-jpc.mbx.help@mail.mil)

FAX: 301-295-0104

JOEL T. MONCUR  
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 US Department of Defense (DoD) and Veterans Affairs (VA) Medical Treatment Facilities, and with prior arrangement, other US Federal Agencies, for second opinion consultation. The JPC does **not** provide primary human pathology services (with the exception of nerve, muscle, renal biopsies, autopsy brain and heart, and electron microscopic evaluation of cilia motility disorders). Additionally, the JPC will accept cases for primary pathology for Veterinary Pathology, Depleted Uranium (DU) and Toxic Embedded Fragment (TEF) analysis, and Foreign Body analysis with prior arrangement with these sections.

## 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 GYN cytology cases.
2. The JPC does NOT accept non-GYN cytology cases from the VA except when the cytologic preparation contains tissue or tissue fragments sent for secondary consultation.
3. The JPC does NOT provide consultation on entire autopsies (except pediatric autopsies for descendants under 5 years of age) nor do we perform autopsies. The JPC will provide organ-specific consultation on autopsy material.
4. The JPC does NOT primarily gross wet tissue with the exception of autopsy brain and heart, renal biopsies, nerve and muscle biopsies, skin and mucosal biopsies for direct immunofluorescence (DIF), embedded fragments/materials and cilia for electron microscopy.

#### **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](http://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](http://www.jpc.capmed.mil) and clicking on "Consultation". 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](http://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 if not completed the case cannot be accessioned:**
- (a) Submitting Facilities name and address - Give the pathologist’s name, the pathologist phone number, the pathologist’s e-mail address, 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 facilities 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.
  - (c) Complete Patient Name - The patient’s full name, including the middle initial, with last name first.
  - (d) Social Security Number (SSN) and DOD Identification Number - The patient's SSN and DOD ID is important for identification purposes. Without the patient's name or social security number or DOD ID, it is impossible to collate previous and subsequent submissions. Providing both SSN and DOD ID is preferred.  
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.
  - (e) Date of Birth - If the date of birth is unavailable, please provide the patient's estimated age at the time the specimen was taken.
  - (f) Sex – Information stated on Medical Record
  - (g) Race/Ethnicity - Self-explanatory
  - (h) JPC Accession Number - If previous material was submitted to the JPC or the former 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 imaging or other test results (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/autopsy/cytology pathology report with a gross description and the submitting pathologist's diagnosis is required. 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 tissue blocks and/or unstained slides also be submitted with the case. If sending unstained slides, at least 20 unstained slides are required for hematomorphoid cases and at least 10 unstained slides are required for all other cases.
  - (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 facilities surgical/autopsy number, date of birth or social security number. *Please refer to Chapter 3 for further packing instructions*
- 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, Soft Tissue Pathology, Orthopedic Pathology and Pulmonary and Mediastinal Pathology Services. These should be provided digitally.
- 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. When sending specimens in Michel's Solution during hot weather months, send Mon-Wed only and send with a cool pack in the package, but don't freeze.

- (2) Orthopedic Pathology and Soft Tissue Pathology - Clinicians pre-operative history and present illness, 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 non-encrypted compact computer disks (CDs) are preferred. Any submitted films will be retained, or returned to the submitting facility 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](http://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 at least one representative block or at least 20 unstained slides in addition to the hematoxylin and eosin stained slides. Reports of flow cytometric analysis and molecular/cytogenetic studies are also required and results should be included in the packet at the time the case is sent to the JPC. **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 facility.
- (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 and must be labeled with two identifiers. When sending these specimens during hot weather months, send Mon-Wed only and send with a cool pack in the package, but don't freeze.
- (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 & Mediastinal Pathology- CT and/or MRI scans submitted on a CD and pulmonary function tests. For the pulmonary function tests, please submit the complete

Pulmonary Function Laboratory report rather than abstracted numbers.

- (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-1 antitrypsin, ceruloplasmin, iron studies, glucose, and cholesterol/lipid levels. A JPC Hepatic Pathology Form is available on the website at:  
[https://www.jpc.capmed.mil/docs/hepatic\\_pathology\\_additional\\_information\\_form.pdf](https://www.jpc.capmed.mil/docs/hepatic_pathology_additional_information_form.pdf)  
or a clinical laboratory summary note would also be acceptable.  
Gastrointestinal Pathology- Clinical history to include any clinical suspicion/concern for genetic conditions.

- (9) Environmental Pathology: All specimens submitted for foreign body analysis with or without attached tissue should be received unwrapped in a sealed plastic (polypropylene) container labeled with at least two patient identifiers, date, site of specimen, and specimen number. For suspected metallic composition, the specimen should be shipped in 70-100% ethanol; all others should be shipped in neutral buffered formalin. To prevent any interference or contamination with foreign body analysis: DO NOT wrap or place foreign bodies in any material such as paper, cardboard, tissue, gauze, tape, cloth, weck cells, foam, wax, or putty. The JPC will extract foreign bodies contained within tissue. Send all fluids known or suspected to contain foreign bodies/material for analysis in the original collection container (Volume should not exceed 4L). If the collection containers are prone to leakage, place within a secondary sealed plastic container. To confirm or rule out the presence of a particular pharmaceutical or medical device, please include an authentic specimen in the original packaging, when possible.

Foreign Body Analysis – Please provide the branch of service, service member status (Active Duty, Dependent, or Retired), and whether the original injury was combat-related on the *JPC Consultation Request Form*.

- (10) Cilia Biopsies: Tissue for cilia biopsy evaluation by electron microscopy should be submitted in glutaraldehyde fixative. Do not freeze the tissue.
- (11) Molecular Pathology: Provide clinical information on: Anatomic site of lesion, type of procedure, surgical pathology diagnosis, and information on previous molecular diagnosis testing with report. Slide materials: A. For PCR based assays: 5-10 unstained slides with an HE slide for small core biopsy specimens; 2-5 unstained slides with an HE slide for excision specimens. B. For FISH assays: 4 unstained slides (3-4 microns in thickness, using Superfrost Plus slides) along with an HE slide. C. For NGS assays: 10-15

unstained slides for small core biopsy specimens and 5-10 for excision specimens along with an HE slide.

## 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](http://www.jpc.capmed.mil) and for each patient the *JPC Consultation Request Form*.
- b. The Submitting Facility 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 facility 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 molecular testing, neuromuscular processing, or preparation of gross specimens, such as the autopsy heart, and brain.
- b. Reports will ordinarily be sent to the submitting facilities fax number, if the number was noted on the consultation request form. Reports will be emailed only to Military Treatment Facilities; specifically to the submitting pathologist and/or administrative assistant listed on initial request. 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 100496.82. 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 100496.82, along with instructions are available at [www.jpc.capmed.mil](http://www.jpc.capmed.mil). 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 and corrections to the assigned Registries.
- (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. When completing the form, it is extremely important that the following required items be completed in their entirety:
- (1) Submitting Facility – 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) Greyed Areas- 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 Facilities 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. 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.
    - (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 cover-slipped glass slides and fixed unstained, uncover-slipped slides.
    - (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).

(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 AFIP Registries), it must be submitted with a *JPC Consultation Request Form*, not JPC Form 100496.82. 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.

## 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 facilities 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  
ATTN: Case Accessioning  
606 Stephen Sitter Avenue  
Silver Spring, MD 20910

All Registry Submissions should be addressed to:

The Joint Pathology Center  
ATTN: Registry Submissions  
606 Stephen Sitter Avenue  
Silver Spring, MD 20910

Depleted uranium embedded metal fragments and urine specimens for military-relevant metals testing should be addressed to:

The Joint Pathology Center  
ATTN: Environmental Laboratory Services  
2460 Linden Lane  
Building 161, Suite 200  
Silver Spring, MD 20910

#### ADDITIONAL INFORMATION:

- a. If material on the patient was at any time submitted to the AFIP or the JPC, clearly identify on the 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 facility.
- 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 facility cannot be contacted by the JPC Staff, material will be returned to the submitter.
- c. Submitting facilities 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, Instructions 6C. Joint Pathology Center Submission Manual.

International Air Transport Association (IATA).

### Definitions:

- Diagnostic or Clinical Specimens: Human or Animal material including but not limited to tissue components; urine- Environmental Toxicology Laboratory; excreta, secreta, blood, or fluids- Veterinary Pathology.
- 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 during warm weather months to prevent the paraffin from melting).
- 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. In general, there should be 10 times the volume of preservative than of the tissue. Total volume of liquid of primary containers per shipping package must not exceed 4 liters. Individual primary containers cannot contain more than 1 liter 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. Facilities 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.

### **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. Shipments 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.

## 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. H&E slides submitted with each case are retained at the JPC. Immunostain and special stain slides may be returned to the original submitting facility upon request. The return of these types of slides should be requested at the time of submission on the *JPC Consultation Request Form*. To request the return of slides after they have been submitted, see paragraph 4-2 of this Chapter. 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 facility 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 facility 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 facility 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](http://www.jpc.capmed.mil) or [www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm](http://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. Please allow 15 days for the return of materials once the case has been finalized or the Request for Release of Patient Material form has been received.
- c. 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.
- d. All requests concerning the return and/or loan of pathologic materials should be forwarded to the following address. Requests should not 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

- e. 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 facilities 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](http://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](mailto:dha.ncr.ncr-medical-dir-jpc.mbx.help@mail.mil)

Phone (Toll Free):  
1-855-393-3904, option 5  
Fax: 301-295-0104