

# 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

**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, Outside Facility 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 301-295-0104 / 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**

**PART B - TO BE COMPLETED BY JPC**

**CASE IDENTIFICATION** (Required)

PATIENT'S LAST NAME FIRST MI

\_\_\_\_\_

SURGICAL/AUTOPSY NUMBER: \_\_\_\_\_

JPC/AFIP ACCESSION NUMBER: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

SPECIAL HANDLING OFFICE: \_\_\_\_\_

PATHOLOGY SPECIALTY: \_\_\_\_\_

**CASE MATERIAL REQUESTED** (Required)

JPC PATHOLOGIST COMMENT SECTION

**MATERIAL REQUESTED FOR** (Select One)

H & E       Loan      or       Permanent Release

IMMUNO SLIDES

SPECIAL STAIN SLIDES

BLOCKS

OTHER \_\_\_\_\_

**RECOMMEND THE FOLLOWING MATERIAL:**

H & E       BLOCKS

FROZEN       DIGITIZE SLIDES

IMMUNOS       OTHER

SPECIAL STAINS \_\_\_\_\_

ALL SLIDES

SLIDE SETS HAVE BEEN MADE AND ARE ATTACHED

**REASON FOR MATERIAL REQUEST:**

Continuation of Patient Care:  
Retain At Your Facility:

OTHER: Please Specify:

**REQUESTOR IDENTIFICATION** (Required)

**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: \_\_\_\_\_

REQUESTOR'S NAME \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

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

EMAIL \_\_\_\_\_

EXPRESS MAIL ACCOUNT NUMBER \_\_\_\_\_

RESET FORM