

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 and 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									
<p>CASE IDENTIFICATION <i>(Required)</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">PATIENT'S LAST NAME</td> <td style="width: 30%; border-bottom: 1px solid black;">FIRST</td> <td style="width: 40%; border-bottom: 1px solid black;">MI</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">SURGICAL/AUTOPSY NUMBER:</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">JPC/AFIP ACCESSION NUMBER:</td> </tr> </table>	PATIENT'S LAST NAME	FIRST	MI	SURGICAL/AUTOPSY NUMBER:			JPC/AFIP ACCESSION NUMBER:			<p>DATE RECEIVED: _____</p> <p>SPECIAL HANDLING OFFICE:</p> <p>PATHOLOGY SPECIALTY:</p>
PATIENT'S LAST NAME	FIRST	MI								
SURGICAL/AUTOPSY NUMBER:										
JPC/AFIP ACCESSION NUMBER:										

CASE MATERIAL REQUESTED <i>(Required)</i>	JPC PATHOLOGIST COMMENT SECTION															
<p style="text-align: center;">MATERIAL REQUESTED FOR <i>(Select One)</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">H&E</td> <td style="width: 40%; text-align: center;">Loan or Permanent Release</td> <td style="width: 30%;">BLOCKS</td> </tr> <tr> <td>IMMUNO SLIDES</td> <td></td> <td>DIGITIZE SLIDES</td> </tr> <tr> <td>SPECIAL STAIN SLIDES</td> <td></td> <td>OTHER</td> </tr> <tr> <td>BLOCKS</td> <td></td> <td>SPECIAL STAINS</td> </tr> <tr> <td>OTHER</td> <td></td> <td>ALL SLIDES</td> </tr> </table>	H&E	Loan or Permanent Release	BLOCKS	IMMUNO SLIDES		DIGITIZE SLIDES	SPECIAL STAIN SLIDES		OTHER	BLOCKS		SPECIAL STAINS	OTHER		ALL SLIDES	<p>RECOMMEND THE FOLLOWING MATERIAL:</p> <p>SLIDE SETS HAVE BEEN MADE AND ARE ATTACHED</p>
H&E	Loan or Permanent Release	BLOCKS														
IMMUNO SLIDES		DIGITIZE SLIDES														
SPECIAL STAIN SLIDES		OTHER														
BLOCKS		SPECIAL STAINS														
OTHER		ALL SLIDES														

REQUESTOR IDENTIFICATION <i>(Required)</i>	REMARKS:
<p>REQUESTOR'S NAME</p> <p>NAME OF FACILITY</p> <p>ADDRESS</p> <p>CITY</p> <p>STATE ZIP COUNTRY</p> <p>TELEPHONE FAX</p> <p>EMAIL</p> <p>EXPRESS MAIL ACCOUNT NUMBER</p>	<p>SIGNATURE: _____</p> <p>DATE: _____</p> <p style="text-align: center;"><i>Return to Special Handling Office.</i></p>

PART C- Completed by Spec.Handling/Designee
<p>RECEIVED FROM SUBSPECIALTY</p> <p>DATE: _____</p> <p>SENT TO REQUESTOR</p> <p>DATE: _____</p> <p>INITIALS OF TECH: _____</p>