

VETERINARY CONSULTATION REQUEST ARMED FORCES INSTITUTE OF PATHOLOGY <i>(Read Privacy Act Statement and Instructions on back before completing form. Sign and date on back.)</i>				1. TISSUE IN DOCTOR'S OFFICE (X) <i>(AFIP use only)</i>	
2. OWNER'S LAST NAME		3. ANIMAL NAME/TATTOO NUMBER		4. PREVIOUS AFIP CASE NUMBER ON ANIMAL <i>(If applicable)</i>	
5. COMMON NAME <i>(Dog, Bird, Rat, etc.)</i>		6. DATE OF BIRTH <i>(YYYYMMDD)</i>		7. AGE	
				8. SEX	
				9. NEUTERED (X)	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. BREED/TYPE/STRAIN <i>(Beagle, Canary, F-344, etc.)</i>			11. GENUS AND SPECIES <i>(Scientific name)</i>		
12. MATERIALS FORWARDED <i>(X or complete as applicable)</i>			13. CONTRIBUTOR'S CASE IDENTIFICATION		
<input type="checkbox"/>	CLINICAL INFORMATION <i>(Required)</i>		a. SURGICAL PATHOLOGY ACCESSION NUMBER(S)		
<input type="checkbox"/>	SURGICAL PATHOLOGY REPORT <i>(Required)</i>				
<input type="checkbox"/>	AUTOPSY REPORT <i>(Required)</i>		b. AUTOPSY/NECROPSY ACCESSION NUMBER		
<input type="checkbox"/>	PHOTOS, CLINICAL/GROSS				
<input type="checkbox"/>	X-RAYS		c. EUTHANIZED (X)		
<input type="checkbox"/>	SLIDES <i>(Qty)</i> <i>(Required)</i>				
<input type="checkbox"/>	BLOCKS <i>(Qty)</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/>	WET TISSUE				
<input type="checkbox"/>	OTHER				
14. PRIORITY REQUESTED (X)					
<input type="checkbox"/>	ROUTINE		<input type="checkbox"/>	RUSH	
<input type="checkbox"/>			<input type="checkbox"/>	NO LETTER <i>(AFIP use only)</i>	
15. CLINICAL HISTORY <i>(Location and size of lesion, signs, duration, physical and laboratory findings.)</i>					
16. CONTRIBUTOR'S WORKING DIAGNOSIS <i>(Include legible copy of surgical pathology or autopsy report, if applicable.)</i>					
17. COMMENTS AND REQUESTS					
18. CONTRIBUTOR					
a. NAME <i>(Last, First, Middle Initial)</i> <i>(Include Title, e.g., Dr., CPT, etc.)</i>			b. COMPLETE MAILING ADDRESS		
c. TELEPHONE NUMBER <i>(Incl. area code)</i>		d. FAX NUMBER <i>(Incl. area code)</i>			
e. E-MAIL ADDRESS					

IMPORTANT

Have you enclosed a legible summary of the clinical findings, laboratory data, operative findings or report, and specific treatment? Have you included a copy of the original pathology or autopsy report? Cases selected for inclusion in specific registries often require additional information. Clinical or gross photos, pertinent X-rays, and additional diagnostic materials add substantially to the educational value of the case and are highly desired.

AFIP RETENTION POLICY

- Microscopic slides are kept on permanent file.
- Blocks are retained for a minimum of five years, unless return is requested at the time a case is accessioned.
- Blocks on cases judged to have educational or research value may be retained indefinitely.
- Other material may be discarded when no longer used for education or research.
- Further information can be obtained from the AFIP Contributors Manual available from the AFIP Research Office at (202) 782-2500.
- WEBSITE: <http://www.afip.org/>

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 301 and 44 USC 3014.

PRINCIPAL PURPOSE(S): 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.

ROUTINE USE(S):

a. Pathology consultation files are used to provide a database for medical research and statistical purposes, and when required by law or for other official purposes, individual records may be released to the referring medical care provider (physician, veterinarian), to medical care providers treating the individual, to qualified medical researchers and students, and to other Federal agencies and law enforcement personnel when requested for official purposes involving criminal prosecution, civil court action or regulatory orders.

b. Pathology contributor mailing lists/files are used to publicize changes in policies and procedures pertaining to requests for consultative services and to disseminate information pertaining to continuing medical education courses or educational materials available at the AFIP.

DISCLOSURE: Voluntary; however, if the information is not furnished, consultation may not be possible and material submitted may be returned without review.

Please send all submitted material together. Address the material to:

Armed Forces Institute of Pathology
ATTN: Receiving and Accessions Division (AFIP-RRS)
Room G-071, Building #54
6825 16th Street, N.W.
Washington, DC 20306-6000

Telephone No. (202) 782-1630
Fax No. (202) 782-7845

The form can be printed from DefenseLINK, under Publications.

If a civilian contractor (non-Federal), I certify to the best of my knowledge and belief that no litigation or claim of professional negligence involving the medical care of this patient has been or is about to be filed. ALL CONTRIBUTORS by their signature affirm that they have read the PRIVACY ACT STATEMENT above.

19. SIGNATURE OF CONTRIBUTOR

20. DATE REQUEST FORWARDED
(YYYYMMDD)