

ARMED FORCES MEDICAL EXAMINER SYSTEM MEDICOLEGAL CONSULTATION REQUEST	To: Armed Forces Medical Examiner System (AFMES) Attn: OAFME Medicolegal Consultation Request 115 Purple Heart Drive Dover Air Force Base, DE 19902-5051 Phone: (302) 346-8722 Fax: (302) 346-8637 Email: usarmy.dover.medcom-afmes.mbx.operations@mail.mil
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PRIVACY ACT STATEMENT

AUTHORITY:	5 U.S.C. 552a, 10 U.S.C. 1471, DoDI 5154.30, DoD 6025.18-R, 45 C.F.R. 164
PRINCIPLE PURPOSE:	To obtain information, materials and/or specimens needed to authorize, evaluate, and conduct medicolegal consultation.
ROUTINE USES:	Information will be used by the AFMES to document medicolegal consultation request.
DISCLOSURE:	Disclosure of requested information is voluntary. Missing information may prevent timely processing of this request.

DEMOGRAPHIC INFORMATION (Required)

NAME OF PATIENT (<i>Last, First, MI</i>)	SOCIAL SECURITY NUMBER	CASE NUMBER

DATE OF BIRTH	AGE	SEX	DATE & TIME OF AUTOPSY/INCIDENT

REQUEST TYPE

Consultation:	Please state specific inquiries in AUTOPSY/INCIDENT DETAILS box below.
Case Review:	Routine submissions from investigative agencies (NCIS, CID, OSI, etc.) for concurrence of cause and manner of death determinations.

MATERIALS FORWARDED FOR AFMES RETENTION

Digital documents preferred, especially photographs.

Clinical Information	Radiology	Slides (<i>annotate quantity</i>):
Autopsy Report	Identification	Blocks (<i>annotate quantity</i>):
Report of Investigation	Photographs (<i>annotate quantity</i>):	Tissue* (<i>tissue type</i>):
Toxicology Report	Discs (<i>annotate quantity</i>):	Other (<i>specify</i>):

* If tissue is other than "formalin-fixed," please indicate fixative:

AFMES MATERIAL RETENTION POLICY: All case materials forwarded to the AFMES become part of an AFMES case file and are retained in accordance with the OSD Records Disposition Schedule. Requests for return of materials will be considered on a case-by-case basis. Request must be submitted in writing and release of material back to contributor authorized by reviewing AFMES Medical Examiner and approved by the Director, AFMES (or his designee).

AUTOPSY / INCIDENT DETAILS

Cause and Manner of Death; pertinent information regarding autopsy or investigation

CONTRIBUTOR INFORMATION

Contributor Name:			
Name of Facility:			
Street Address:			
City:	State:	APO or Zip Code:	
Telephone:	FAX:	Email:	

AFMES RECORDS PROCESSING AND QUALITY ASSURANCE

RECEIVED BY	DATE & TIME	AFMES ME/CONSULT NUMBER
PRINTED NAME		