

HISTOLOGY, TISSUE PROCESSING, AND SPECIMEN STORAGE REQUEST

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| AUTHORITY: | Title 10 USC, Section 1471 |
| PRINCIPLE PURPOSE: | To obtain information/specimens needed for histology, tissue processing, and/or specimen storage. |
| ROUTINE USES: | Information will be used to document the above requests. |
| DISCLOSURE: | Disclosure of requested information is mandatory. Missing information may prevent timely processing of this request. |
| TO: ARMED FORCES MEDICAL EXAMINER SYSTEM ATTN: FPI HISTOLOGY DEPARTMENT 115 Purple Heart Drive Dover Air Force Base, DE 19902 **WEEKEND DELIVERIES ARE NOT ACCEPTED** | <u>SUBMITTING PATHOLOGIST:</u> (Please use complete mailing address) Email Address: |

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|---|------------------|
| NAME OF DECEDENT (Last, First, MI) | AUTOPSY # |
| | |

SPECIMENS SUBMITTED

Formalin-fixed stock jar Tissue cassettes in formalin Whole organs (explain below) Other (explain below)

PROCEDURES REQUESTED

Specimen storage Histology w/ H&E slides Special Stains (explain below) Stock Block(s) Only
(please indicate below if decal needed)

Specialty Consultation (Indicate Type): Cardiac Neuro Ophtho Other: _____

Anthropology Consult with Histology (specimen must be formalin fixed) Anthropology Consult Only

Other Request: _____

CASE DETAILS

| | | | |
|---|------------------|-------------|---------------------------|
| PRINTED NAME OF REQUESTER/ TITLE | SIGNATURE | DATE | TELEPHONE # |
| | | | COMM: _____ DSN: _____ |

CHAIN OF CUSTODY (CC)
Each individual charged with custody of specimens must complete information below (continue CC on reverse as required).

| RELEASED BY | | RECEIVED BY | | DATE & TIME | PURPOSE OF TRANSFER |
|--------------|--------------|--------------|--------------|-------------|---------------------|
| SIGNATURE | SIGNATURE | SIGNATURE | SIGNATURE | | |
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