

**VETERINARY CONSULTATION REQUEST FORM**  
**JOINT PATHOLOGY CENTER**

Joint Pathology Center  
 ATTN: Vet Path Service  
 606 Stephen Sitter Ave.  
 Silver Spring, MD 20910

**PATIENT INFORMATION** *(Required)*

**AFIP/JPC Accession No., Material Forwarded** *(previous if known)*

**OWNER'S LAST NAME** \_\_\_\_\_ **ANIMAL NAME** \_\_\_\_\_ **TATTOO NUMBER** \_\_\_\_\_

**AGE** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_ **NEUTERED** \_\_\_\_\_  
**SEX:**  Male  Female Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  Yes  No

**COMMON NAME** \_\_\_\_\_ **BREED** \_\_\_\_\_ **GENUS AND SPECIES** \_\_\_\_\_

- Gov't Animal  
 Privately-owned Animal  
 Wednesday Slide Conference  
 Other \_\_\_\_\_

**MATERIALS FORWARDED**

- Clinical Information *(Req'd)*  Formalin Fixed (Wet Tissue)  Photos \_\_\_\_\_  
 Surgical Path Report *(Req'd)*  Blocks *(Qty)* \_\_\_\_\_  X-rays \_\_\_\_\_  
 Slides *(Req'd)* \_\_\_\_\_  Autopsy Report *(Req'd)*  Other \_\_\_\_\_

**CYTOLOGIC SPECIMEN METHOD OF COLLECTION**

- Fine Needle Aspirate  
 Touch Impression  
 Other \_\_\_\_\_

**ANATOMIC LOCATION OF SPECIMEN**  
*specify biopsy site or organ (Required)*

**VITAL STATUS**

- Alive  
 Deceased *(Check one)*  
 Euthanized  
 Method \_\_\_\_\_  
 Spontaneous Death

**SPECIMEN CONTAINER IDENTIFICATION**  
 Specimen Containers must be labeled with two identifiers *(Required)*

**CONTRIBUTOR'S ACCESSION NO.(S)**

**PRIORITY REQUESTED:**  Routine  Rush  No Letter *(for training or research)*

**CONTRIBUTOR'S WORKING DIAGNOSIS:** *(Differential diagnosis and questions should be entered in "Comments and Requests" Section)*

**CLINICAL HISTORY:** *Include: Location, Size, Symptoms, Duration, Physical and Laboratory Findings, Type and Date of Operation(s) and/or other Treatment.*

If cytologic specimens shipped separate from fixed tissue, indicate number of shipments \_\_\_\_\_  
*(Continue in "Comment and Requests" section)*

**CONTRIBUTOR'S INFORMATION**

CONTRIBUTOR'S NAME \_\_\_\_\_

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

BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_

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

EMAIL \_\_\_\_\_

SEND PATHOLOGY REPORT BY  EMAIL  FAX  MAIL *(Check all that apply)*

This form may be reproduced by the contributor and is available on JPC website

**OWNER'S LAST NAME**

**ANIMAL'S NAME**

**IMPORTANT**

Have you enclosed a legible summary of the clinical findings, laboratory data, operative findings or report, and specific treatment? Cases selected for inclusion in specific registries often require additional information. Clinical or gross photos, pertinent X-rays, CT scans, MRI scans, echograms, angiograms, and similar diagnostic studies add substantially to the education value of the case. They are highly desired by some departments and required by others.

**COMMENTS AND REQUESTS**

**ADDRESS THE MATERIAL TO**

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Silver Spring, MD 20910

**JPC RETENTION POLICY**

1. MICROSCOPIC SLIDES SUBMITTED WITH EACH CASE ARE RETAINED PERMANENTLY. Under certain circumstances original slides may be returned to the Contributor if requested by the Contributor and approved by the JPC. If slides are returned, then each slide will be digitized at the expense of the Contributor.
2. Blocks are retained for a minimum of ten (10) years, unless return is requested by the Contributor at the time the case is submitted. Contributors may request return or loan of blocks at some later time. If blocks are returned, then JPC will retain representative diagnostic material.
3. Other pathologic material, X-rays, CT scans, MRI scans, echograms, angiograms, photographs, and similar diagnostic studies may be retained for education and research or discarded.