

HISTOLOGY REQUEST AND SPECIMEN STORAGE

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: OAFME HISTOLOGY DEPARTMENT 115 Purple Heart Drive Dover Air Force Base, DE 19902 **WEEKEND DELIVERIES ARE NOT ACCEPTED**	SUBMITTING PATHOLOGIST: <i>(Please use complete mailing address)</i> Email Address: _____
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NAME OF DECEDENT (<i>Last, First, MI</i>)	DATE OF DEATH	AUTOPSY #

SPECIMENS SUBMITTED

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

PROCEDURES REQUESTED

Specimen storage
 Histology tissue processing and H&E slides
 Other (explain below)

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		
PRINTED NAME	PRINTED NAME		
SIGNATURE	SIGNATURE		
PRINTED NAME	PRINTED NAME		
SIGNATURE	SIGNATURE		
PRINTED NAME	PRINTED NAME		
SIGNATURE	SIGNATURE		
PRINTED NAME	PRINTED NAME		
SIGNATURE	SIGNATURE		
PRINTED NAME	PRINTED NAME		