

Submitting Facility complete sections I, II, III when sending blocks.  
Submitters must complete a Vendor Add and W-9 form for reimbursement.  
Please use a new form for each case submitted.

## Section I. Submitting Institution and Case Information

*Please Note:*

- A copy of the pathology report is requested.
- For **PIP** or **MK** a minimum of **30 blocks** is required.
- For **HER2**, **PM2**, or **DPIHC** a minimum of **10 blocks** is required

<b>CAP Member Name:</b>	<b>Email (needed for arrival confirmation):</b>	<b>Submitting Institution:</b>
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**Would you like public acknowledgement for this case?**

- No  Yes, name of person or facility to post in Case Critique Booklet:

<b>Program Name:</b> <input type="checkbox"/> PIP <input type="checkbox"/> MK <input type="checkbox"/> DP-IHC <input type="checkbox"/> HER2 <input type="checkbox"/> PM2 <input type="checkbox"/> Other, specify:	<b>Anatomic System/Site:</b> <input type="checkbox"/> Skin <input type="checkbox"/> Cardiopulmonary <input type="checkbox"/> Other, please specify: <input type="checkbox"/> Soft Tissue/Bone/Joint <input type="checkbox"/> GI/Hepatobiliary Disease <input type="checkbox"/> Central Nervous System <input type="checkbox"/> Gynecologic <input type="checkbox"/> Hematopoietic/Lymphatic <input type="checkbox"/> Breast <input type="checkbox"/> Head/Neck <input type="checkbox"/> Pediatric
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<b>Number of blocks submitted:</b>	<b>Submission date:</b>	<b>Originating Lab Accession number:</b>
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<b>Diagnosis:</b>	<b>Special Stains, Biomarkers:</b>
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## Section II. Donor Consent/Infectious Disease

- Material collected specifically for inclusion in the PT programs requires completion of Donor Authorization and Consent Form (SUR-CTE-01985) or other document that meet requirements of the Institutional Review Board (IRB) to which member is affiliated.
- **Consent of the patient is not required for use of residual diagnostic tissues or specimens** as long as the material was not collected with the intent that it be used in any CAP program.
- Infectious Disease Testing is not required for paraffin embedded tissue.
- **Please de-identify pathology report and blocks.**

## Section III. Shipping details

<b>Shipping Address:</b> CAP 325 Waukegan Road Northfield, IL 60093 <b>Attn: F. Rivera</b> <a href="mailto:PPNOPSSupport@cap.org">PPNOPSSupport@cap.org</a>	<b>Shipment Tracking:</b> Email tracking number to CAP as notification for sample shipment. If possible, include the carrier and tracking number of sample shipment here:
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## Section IV: The following section to be filled out by CAP when specimen is received.

<b>Received by:</b>	<b>Received date:</b>	<b>Cases properly identified?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Pathology report received?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>CAP Case #</b>
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**Comments:**