



NGC/FNATICP Slide Submission Form Instructions and Form:

Please complete the fillable areas on the NGC Slide Submission Form on the following page.

- Clinical history and morphologic description must be included
- If more space is needed, please attach additional pages.

Once the slides are received, the cytopathology committee will review the slides for acceptability. The committee meets four times a year. In order for a slide to be accepted into the NGC/FNA Program it must be approved by three reviewers. Slide quality, stain and coverslip are examined for adequacy. Glass coverslips are preferred.

If you are donating NGC slides that are less than 5 years old, less than 10 years for FNA slides, you will need to keep a case list to satisfy the requirements for CAP checklist question CYP-07300. This will include any additional slides prepared from vials in the timeframe previously noted. For all applicable cases, please attach image name and check the box email.

Please submit images and or PDF submission forms to: ngcsubmissions@cap.org. If you are sending new images, please place the file name under the New File Name and email to the above email address. Thank you

In order for the CAP to reimburse for slide submission **submit with your slides/submission form and, if you have not previously submitted, a completed W9 form found on the CAP Cytopathology Topic Center Page.**

Please submit your slides with the submission form on the next page and, if applicable, a W 9 form to:

College of American Pathologists
Attention: Cytology
325 Waukegan Road, Northfield, IL 60093
Tel: 800-323-4040



Donor Information		If slides are rejected, may we discard them? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name		Institution	
Date Submitted	Date Accepted	Your Lab ACC#	CAP Accession #

Organ/Site/Procedure - Exfoliative			
Site	Code	Site	Code
<input type="checkbox"/> Anorectal	T-298138	<input type="checkbox"/> Esoph B/W	T-FF572
<input type="checkbox"/> BAL	P1-26562	<input type="checkbox"/> Gast B/W	P1-56730
<input type="checkbox"/> Biliary Brush	P1-5C760	<input type="checkbox"/> Nipple Section	T-EA509
<input type="checkbox"/> Bladder Wash	P1-74510	<input type="checkbox"/> Pericardial Fluid	T-39060
<input type="checkbox"/> Bronch Brush	T-FF584	<input type="checkbox"/> Perit FI/Pelvic W	T-D4435
<input type="checkbox"/> Bronch Wash	T-FF585	<input type="checkbox"/> Pleural Fluid	T-29060
<input type="checkbox"/> CSF	T-A1000	<input type="checkbox"/> Sputum	T-20270
<input type="checkbox"/> Cath. Urine	P3-02220	<input type="checkbox"/> Voided Urine	T-70060

Organ/Site/Procedure - FNA or TICP			
Site	Code	Site	Code
<input type="checkbox"/> Adrenal	T-B3000	<input type="checkbox"/> Mediastinum	P1-B2312
<input type="checkbox"/> Bone	T-FF511	<input type="checkbox"/> Pancreas	P1-5E308
<input type="checkbox"/> Breast	P1-48305	<input type="checkbox"/> Retroperitoneal	T-D4300
<input type="checkbox"/> GI Tract	P1-031F6	<input type="checkbox"/> Salivary Gland	P1-5A307
<input type="checkbox"/> Kidney	P1-71304	<input type="checkbox"/> Sub-Cutaneous	P1-40214
<input type="checkbox"/> Liver	P1-5B317	<input type="checkbox"/> Thyroid	P1-61312
<input type="checkbox"/> Lung	P1-28322	Diagnostic Code ○ ○ ○ N-	
<input type="checkbox"/> Lymph Node	P1-65307		

Cytology DX			
Is this a TICP specimen? Code P1-03125	Yes <input type="checkbox"/> No <input type="checkbox"/>	Online Case only?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Clinical History (include age and gender)

Morphologic Description Specific to Case and Diagnosis

Images Location	Email	MoveIT Website	CD/DVD-ROM	Jump/Thumb Drive	FileMaker Pro
New File Name	Archived File Name	Type*	Description of Image <small>(i.e., positive GMS or Ultrasound showing microcalcifications)</small>		
*Use the following type codes: C=Complimentary Cytologic Preparation (e.g. Pap, Giemsa, cell block), A=Ancillary Stain, F=Flow Cytometry, R=Radiologic/Clinical Image, M=Molecular/Genetic Testing					

Stain Type	Conventional	CytoSpin	ThinPrep	SurePath	Other	Number of Slides
PAP	#	#	#	#	#	#
Mod. Giemsa	#	#	#	#	#	#
Image Types	Cytologic Prep	Ancillary Stain	Flow Cytometry	Radiologic	Molecular	Number of Images
	#	#	#	#	#	#

Reviewer 1:				Reviewer 2:				Reviewer 3:			
# Slides Accepted	# Images Accepted	# Slides Rejected	# Images Rejected	# Slides Accepted	# Images Accepted	# Slides Rejected	# Images Rejected	# Slides Accepted	# Images Accepted	# Slides Rejected	# Images Rejected

Total # of Slides Accepted	Total # of Images Accepted
Case may be split <input type="checkbox"/> Case must stay together <input type="checkbox"/>	