**ACMS Teaching Slide File Submission Form**

Name:Click or tap here to enter text.

Return Address for Slides:Click or tap here to enter text.

Phone:Click or tap here to enter text.

Email:Click or tap here to enter text.

**Clinical History:**

Please provide a brief clinical history of your teaching case, including patient’s age, race, tumor type, location, previous treatment, duration and symptoms of tumor, if applicable.

­Click or tap here to enter text.

**Clinical Question or Interest:**Please describe why you are submitting this case for submission.

­Click or tap here to enter text.

**Clinical References**

Please list at a minimum of 2-3 references that support your interesting case.

Click or tap here to enter text.

**Please complete and return to the ACMS office no later than Friday, February 8, 2024, along with clinical photographs, consent forms, and labeled histology slides to the following address:**

**ACMS**

**Attn: Brendan O’Reilly**

**555 E. Wells St. Suite 1100**

**Milwaukee, WI 53202-3823**

**414-347-1103**

[**info@mohscollege.org**](mailto:info@mohscollege.org)