**ACMS Teaching Slide File Submission Form**

Name

Address

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email

**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.

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

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**Clinical References**

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

1.

2. ­­­­­­

3.

4.

**Please complete and return to the ACMS office no later than February 15, 2016, along with clinical photographs, consent forms, and labeled histology slides to the following address:**

**ACMS**

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

**Milwaukee, WI 53202-3823**

**414-347-1103**

**Attn Mary Randall**

**mrandall@mohscollege.org**