



Slide Contribution Form

Images submitted to the DLM Library **must** include a focused educational discussion rather than mere diagnostic labels. The Discussion should ideally consist of a few sentences accessible to a general medical audience, for example, at the level of the Robbins' textbook. For cases geared towards a more advanced pathology audience, a brief and clear description of the most educationally relevant pathologic findings should also be included, such as those found in Robbins or the WHO Classifications. Optionally, one or two helpful references may also be included.

Part 1: General Information

Contact Information

Name: _____

Address: _____

Telephone #: _____

e-mail: _____

Media Type:	<input type="checkbox"/>	Whole Slide Images	<input type="checkbox"/>	Glass Slides
	<input type="checkbox"/>	Other, please specify: e.g. Specimen Photograph		

Indicate if the Slides & Metadata will be used for a specific educational event (optional):

<input type="checkbox"/>	Didactic Session Images and metadata will be made available on or before the date of the event.	<input type="checkbox"/>	Unknown Session or Exam Only images will be available on the date of the event. Metadata will be made available after the event has ended.
<input type="checkbox"/>	Other, please specify:		
<input type="checkbox"/>	Date of Event: Slides & Metadata <u>must</u> be submitted at least 2 weeks prior to the date of the event to allow for image processing and review		

The metadata contained on the following page(s) is true and accurate to the best of my knowledge. The submission and publication of this/these image(s) to the Digital Laboratory Medicine Library has been discussed with the supervising pathologist.

Signature of Contributor

Date

List of Slides and/or images in this set:	1.	6.
	2.	7.
	3.	8.
	4.	9.
	5.	10.

Part 2: Slide Information

Please complete a separate Part 2 for each **case** in the collection

Part 2: Slide Information - * indicates a mandatory field

Please complete a separate page for each image submitted.

Required Information:

File Name or Slide Label*: _____

Organ System*: _____
Choose an item.

Disease Category*: _____
Choose an item.

Diagnostic Modality*: _____
Choose an item.

Gender: _____
Choose an item.

Species: _____
Choose an item.

Age (10): _____

Clinical History* (max 2000 characters):

Diagnosis* (60):

Keywords (60): _____

Contributor Name(s)* (60): _____

Educational Discussion* (max 3000 characters):

Supplementary Links & Images

Supplementary Images (max. size 2MB)

Supplementary Links

To be completed by Oversight Committee

Diagnosis Code (60)	
Image Title (60)	
To be completed by Content Manager	
LMPID (8)	

Approved by Site Representative
on:

Approved by Oversight Committee
on: