



Department of Defense **DIRECTIVE**

NUMBER 5154.24

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Certified Current as of April 23, 2007

USD(P&R)

SUBJECT: Armed Forces Institute of Pathology (AFIP)

References: (a) DoD Directive 5154.24, "Armed Forces Institute of Pathology (AFIP)," October 28, 1996 (hereby canceled)
(b) Sections 176 and 1471 of title 10, United States Code
(c) DoD Directive 5105.18, "DoD Committee Management Program," February 8, 1999
(d) Appendix of title 5, United States Code
(e) through (j), see enclosure 1

1. REISSUANCE AND PURPOSE

This Directive:

1.1. Reissues reference (a) to update the mission, organization and management, responsibilities and functions, relationships, and authorities of the AFIP.

1.2. Provides for the governance of AFIP under 10 U.S.C. 176 (reference (b)).

1.3. Designates the Secretary of the Army as the "DoD Executive Agent (DoDEA)" for administrative support to the AFIP.

2. APPLICABILITY

This Directive applies to the Office of the Secretary of Defense, the Military Departments, the Chairman of the Joint Chiefs of Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the Department of Defense (hereafter referred to collectively as "the DoD Components").

3. MISSION

The AFIP supports the Department of Defense and other Governmental Agencies and, to enhance their health and well being, serves the American people by providing medical expertise in diagnostic consultation, education, and research.

4. ORGANIZATION AND MANAGEMENT

4.1. The AFIP is established as a joint entity of the Military Departments, subject to the authority, direction, and control of the Assistant Secretary of Defense for Health Affairs (ASD(HA)), under the Under Secretary of Defense for Personnel and Readiness (USD(P&R)). It shall consist of the following:

4.1.1. A Board of Governors (BoG) established and operated in accordance with DoD Directive 5105.18 (reference (c)), which shall consist of members appointed under 10 U.S.C. 176 (reference (b)).

4.1.2. A Director appointed by the Secretary of Defense, or his designee.

4.1.3. Two Deputy Directors appointed by the Secretary of Defense, or his designee, one of whom may be designated as Principal Deputy.

4.1.4. Such other subordinate officials, entities, and activities as shall be established by the Director, AFIP, within authorized resources.

4.2. A Scientific Advisory Board (SAB), established and operated in accordance with the Appendix to 5 U.S.C. and DoD Directive 5105.4 (references (d) and (e)). The SAB shall advise the AFIP Director and shall meet at least semi-annually to provide peer review and guidance for the AFIP.

5. RESPONSIBILITIES AND FUNCTIONS

5.1. The Director, Armed Forces Institute of Pathology, as a national and international expert on human and veterinary pathology, supporting both military and civilian medicine, shall:

5.1.1. Serve as the chief reviewing authority on the diagnosis of pathology tissue for the Armed Forces.

5.1.1.1. Conduct diagnostic and consultation services for military and civilian medicine using histopathology, electron microscopy, immunohistochemistry, and molecular biological tools with leverage of the latest technology to ensure innovative pathology.

5.1.1.2. Conduct experimental, statistical, and morphological research and investigations to expand pathology and medicine beyond current levels of knowledge in support of DoD planning, initiatives, and operations.

5.1.2. Administer an effective Armed Forces Medical Examiner (AFME) System, consistent with the provisions of 10 U.S.C. 1471 (reference (b)).

5.1.3. Contract with the American Registry of Pathology for cooperative efforts between the AFIP and the civilian medical profession, according to guidelines in 10 U.S.C. 176 (reference (b)), and under such conditions that support the mission of the AFIP and that have been reviewed by the DoDEA, the BoG, and approved by the ASD(HA).

5.1.4. Maintain the Armed Forces Repository of Specimen Samples for the Identification of Remains to store reference samples suitable for deoxyribonucleic acid (DNA) analysis for purposes of human remains identification and assure the protection of privacy interests in the specimen samples and any DNA analysis of those samples.

5.1.5. Support DoD medical quality assurance programs and risk management with the Department of Legal Medicine (DLM) in accordance with of DoD Directive 6025.13 (reference (f)).

5.1.6. Administer the Military Health System Patient Safety Center to improve patient safety.

5.1.7. Staff the Center for Clinical Laboratory Medicine and provide oversight for compliance with the Clinical Laboratory Improvement Amendments of 1988.

5.1.8. Serve as the DoD veterinary pathology resource expert, providing consultation, education, and research in pathology and laboratory animal medicine.

5.1.9. Maintain medical illustration services for important illustrative material, except original motion picture footage. The service may be made available to the military medical community, or other Federal Agencies, and other qualified individuals on a reimbursable basis, in accordance with DoD Instruction 4000.19 (reference (g)).

5.1.10. Maintain, facilitate, expand, and improve the advancement of the activities of the National Museum of Health and Medicine pertinent to collecting, preserving, interpreting, and financial reporting on the national collection of medical artifacts, pathological and skeletal specimens, research collections and archival resources, and applicable materials from other Federal medical sources; and developing, presenting, and promoting public programs and exhibitions and participating in informational activities that improve the understanding and promote awareness of military medical history, medical science, disease prevention, and health education. Financial reporting for such collections shall be in accordance with Volume 4, Chapter 6 of the DoD Financial Management Regulation (reference (h)).

5.1.11. Maintain a mechanism to access and track all case records and materials provided to the AFIP for consultation into a permanent, unified repository system, and central database. The ARP shall establish a mechanism to carryout collaborative research efforts with outside agencies in the areas of public health, epidemiology, and other areas of pathologic interest. Access to the tissue repository is limited to collaborative endeavors with the AFIP staff.

5.1.12. Manage and direct the DoD Automated Tumor Registry (ACTUR) and related activities, and oversee access to the ACTUR or treating facility's database, consistent with a research protocol approved through the Institutional Review Board affiliated with the facility maintaining or having oversight of the records or database.

5.1.13. Provide, on a reimbursable basis, education and training programs in pathology and other related areas of medicine to military and civilian participants throughout the United States and foreign countries. The AFIP shall maintain a medically current collection of study materials, which may be made available to military and civilian medicine.

5.1.14. Coordinate and enhance genetic services in operational and clinical medicine through the Center for Medical and Molecular Genetics.

5.1.15. With a focus on military relevancy and protection of public safety, provide clinical and investigative studies in experimental pathology using protocols approved by the Research Committee of the AFIP. Research protocols shall be collaborative, bringing academia and Government together with private industry, to assess current technologies and their innovative applications.

5.1.16. Perform other duties as assigned by the ASD(HA).

5.2. The Assistant Secretary of Defense for Health Affairs, under the Under Secretary of Defense for Personnel and Readiness, shall:

5.2.1. In accordance with DoD Directive 5136.1 (reference (i)), exercise authority, direction, and control over the programs, funding, and associated resources in the Department of Defense as they relate to the AFIP.

5.2.2. Exercise the authorities over the AFIP vested in the Secretary of Defense by 10 U.S.C. 176 (reference (b)).

5.2.3. Develop policies and issue policy guidance to ensure the effective administration and efficient operation of the AFIP. This includes, but is not limited to, the development of DoD Directives, the issuance of DoD Instructions, and OSD-level participation in the Planning, Programming, and Budgeting System process.

5.2.4. Ensure that the advice of the BoG is considered in operational, programmatic direction, and executive-level staffing matters of the AFIP.

5.2.5. Ensure that the BoG participates in the development of the contractual arrangements for cooperative enterprises in medical research, consultation, and education between the AFIP and the civilian medical profession of the American Registry of Pathology, consistent with 10 U.S.C. 176 (reference (b)).

5.2.6. Ensure that the Director, AFIP, through the DoDEA, executes those responsibilities and functions pertaining to the day-to-day operations of the AFIP.

5.3. The Board of Governors shall:

5.3.1. Serve as an advisory board and provide the ASD(HA) suggested policies and recommendations for the operations, resources, and management of the AFIP.

5.3.2. Review and provide recommendations on the approval of executive-level personnel appointments within the AFIP and nominations of members to the SAB.

5.3.3. Review contractual arrangements with the American Registry of Pathology for cooperative efforts between the AFIP and the civilian medical profession, in accordance with 10 U.S.C. 176 (reference (b)).

5.4. The Secretary of the Army, as the DoD EA for the AFIP, shall:

5.4.1. Report AFIP activities to the ASD(HA) and, as appropriate, make recommendations and implement approved changes to the organization, management, structure, resources, and operations of the AFIP.

5.4.2. Administer the budget, personnel, information, facilities, and other resources required to support the missions and functions of the AFIP.

5.4.3. Provide purview over AFIP's civilian personnel authorizations. Civilian employees shall be carried on the roles of the Department of the Army.

5.5. The Secretaries of the Military Departments shall provide authorized resources to support the activities of the AFIP.

6. RELATIONSHIPS

6.1. The Director AFIP shall:

6.1.1. Ensure that the DoD Components are kept fully informed concerning AFIP activities with which they have collateral or related functions.

6.1.2. Use established facilities and services of the Department of Defense and other Federal Agencies, whenever practicable, to avoid duplication and to achieve an appropriate balance of modernization, efficiency, and economy of operations.

6.1.3. Maintain appropriate liaison, consultation and coordination with other Governmental and non-Governmental Agencies, as required, to exchange information and advice on programs in the fields of assigned responsibility.

6.2. The Heads of DoD Components shall coordinate with the Director, AFIP, as appropriate, on matters relating to AFIP operations, functions, and responsibilities.

7. AUTHORITIES

The Director, AFIP, is specifically delegated authority to:

7.1. Obtain from other DoD Components, consistent with the policies and criteria of DoD *Instruction* 8910.01 (reference *(j)*), information, advice, and assistance necessary to carry out AFIP programs and activities.

7.2. Communicate directly with appropriate representatives of the DoD Components, other Executive Departments and Agencies, and members of the public, as appropriate, on matters related to AFIP programs and activities. Communications to the Commanders of the Combatant Commands shall be transmitted through the Chairman of the Joint Chiefs of Staff.


8. ADMINISTRATION

8.1. The AFIP shall be authorized such personnel, facilities, funds, and other resources as the Secretary of Defense deems necessary.

8.2. Funding for AFIP shall be within the Defense Health Program.

9. EFFECTIVE DATE

This Directive is effective immediately.



Paul Wolfowitz
Deputy Secretary of Defense

Enclosures - 1

E1. References, continued

E1. ENCLOSURE 1

REFERENCES, continued

- (e) DoD Directive 5105.4, "Department of Defense Federal Advisory Committee Management Program," September 5, 1989
- (f) DoD Directive 6025.13, "*Medical Quality Assurance (MQA) in the Military Health System,*" *May 4, 2004*
- (g) DoD Instruction 4000.19, "Interservice and Intragovernmental Support," August 9, 1995
- (h) DoD 7000.14-R, "DoD Financial Management Regulation," current edition
- (i) DoD Directive 5136.1, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," May 27, 1994
- (j) DoD *Instruction* 8910.01, "*Information Collection and Reporting,*" *March 6, 2007*