

RESEARCH HISTOLOGY CORE SERVICE REQUEST FORM

Investigator Information

Lab Number (if applicable): _____

Date: _____

Investigator Name: _____

Contact Phone: _____

Email: _____

Specimen Information

Specimen ID(s): _____

Number of Specimens: _____

Species: _____

Sex (Male/Female/Unknown): _____

Date Collected: _____

Specimen Type (Check all that apply)

- Tissue sample in fixative (n = _____)
- FFPE tissue blocks (n = _____)
- Frozen tissue (n = _____)
- Glass slides (n = _____)
- Other: _____

Fixation (Check one)

- 10% Neutral Buffered Formalin (NBF)
- Bouin's Solution
- Perfusion-Fixed
- Other: _____

Decalcification (if applicable)

- SFFA
- EDTA
- Other: _____
- Not Applicable

Trimming Instructions

- Performed by Investigator
- Histology Core to Trim — Special Instructions:

Processing Requested (Check all that apply)

- Standard Paraffin Processing (FFPE)
 Frozen Section Processing
 Other: _____

Requested Histology Services (Check all that apply)

- Embed and prepare FFPE tissue blocks
 H&E-stained slides (n = _____)
 Unstained slides (n = _____)
 Frozen sections (n = _____)
 Histochemical special stains (specify): _____ (n = _____)
 Other services: _____

Billing Information**Estimated Cost:** _____**Department to be Charged:** _____**CFS / Account Number:** _____**Authorization**

I certify that all specimens are properly labeled and compliant with institutional biosafety regulations.

Investigator Signature: _____**Date:** _____