

Date Completed (Histology use only)

Case ID: (Histology use only)

REQUEST FOR HISTOLOGY SERVICES

Please provide all samples in 70% EtOH

DATE	
Work submitted by/ PI Contact email	
User assigned animal ID (For reference only)	
No. of specimens submitted	
Species & Tissue type (Mouse, rat, etc.) (Kidney, brain, etc.)	
Fixation Method	<input type="checkbox"/> Histochoice <input type="checkbox"/> 10% BF <input type="checkbox"/> Other
Duration?	<input type="checkbox"/> Perfusion fixed <input type="checkbox"/> Submersion fixed
Processing	<input type="checkbox"/> Paraffin <input type="checkbox"/> Frozen <input type="checkbox"/> Other
Presence of biological hazard	<input type="checkbox"/> No <input type="checkbox"/> Yes Identity?
Embedding (No. of samples/block)	
Sectioning Requested 1. No. of sections/slide 2. No. of slides/block	1. _____ 2. _____
Staining Requested (H&E, PAS, Immunohistochemistry, etc.)	
Date work needed by	
Special Instructions	
For Histology Core Use Only	
Fixation (Histology use) <input type="checkbox"/> Acceptable <input type="checkbox"/> Overfixed <input type="checkbox"/> Underfixed	Problems with sectioning specimen? <input type="checkbox"/> Yes <input type="checkbox"/> No Recommend to continue sectioning? <input type="checkbox"/> Yes <input type="checkbox"/> No Is user satisfied with preliminary cuts? <input type="checkbox"/> Yes <input type="checkbox"/> No Initials_____