Histology Service Request Form

Edwards R322 Drop-off hours: Monday-Friday, 9am to 4pm

HistoTec Pick-Up hours: ONLY Tuesday and Friday

Client Information

Applicant Name: ____________________________

Last                      First                      M.I. (optional)

Laboratory/PI: ____________________________ Date: ____________________________

CONTACT INFORMATION. Email: ____________________________ Phone: ____________________________

Drop-off and Pick up Location: Edwards R322

Your Lab (+$25.00) building, room, specific directions:

____________________________________________

Turnaround time desired: Standard     Rush (see HistoTec’s price sheet)

Request Details

[Quantity] and Identification / Names of Samples: ____________________________

(Range or Separated by commas)

Identification / Names of Samples: ____________________________________________

STARTING SAMPLES. This is what you are submitting with your request. Sample(s) is/are:

Fixed and Unprocessed Tissue          Paraffin Tissue Block          Frozen OCT Block

Unstained slides (from paraffin)       Unstained slides (frozen)

Please check the desired services (more than 1 can apply) and add the quantities needed (please refer to the Glossary of Terms for explanation of the various histologic techniques and terms):

Processing Only

Apply to ALL samples     OR     Apply to Sample IDs: ____________________________

Processing and Embedding / Blocking

Apply to ALL samples     OR     Apply to Sample IDs: ____________________________

Re-cuts from Block

Apply to Sample IDs:

○ Unstained Slides per block: ________

○ H&E Stained Slides per block: ________

○ Special Stain (type): ____________________ Number of Special Stains per block: ________

Unstained Slides

Quantity per sample: ________ be applied to:     ALL samples     OR     be applied to Sample IDs: ____________________________

Hematoxylin and Eosin (H&E)

Quantity per sample: ________ be applied to:     ALL samples     OR     be applied to Sample IDs: ____________________________

Special Stains (Please consult with HistoTec for available Special Stains)

Type of Special Stain desired: ____________________

Quantity per sample: ________ be applied to:     ALL samples     OR     be applied to Sample IDs: ____________________________

Immunohistochemistry (Please consult with HistoTec for available Immunohistochemical Stains)

Quantity per sample: ________ be applied to:     ALL samples     OR     be applied to Sample IDs: ____________________________

Other (please specify): __________________

Quantity per sample: ________ be applied to:     ALL samples     OR     be applied to Sample IDs: ____________________________