

Research Immunohistochemistry/CISH/FISH Request Form

Use form only with PRR Histology Laboratory Submission Form

PRR CASE NUMBER (LAB USE ONLY)			
INVESTIGATOR/DEPARTMENT	Dr Norman Altman Comparative Pathology		
CONTACT PERSON/PHONE	Marbella Chavarria Ext 3824		
TYPE AND DATE OF REQUEST	IHC		
DATE COMPLETED (initials)	Sent to IHC Lab	Return from IHC Lab	
ACCOUNT NUMBER			
IDR NUMBER			
IRB NUMBER			

LIST OF ANTIGENS/TARGET DNA OR RNA

1		6	
2		7	
3		8	
4		9	
5		10	

Include any PI provided antibodies in the above chart and note as such.

Additional comments:



Pathology Research Resources

Division of Comparative Pathology, Miller School of Medicine, Ph: (800) 596-7590 Fax: (505) 245-5662 www.cpl.med.miami.edu

Slide Identification Chart*

Total Number of Cases Submitted for Staining: _____

Box	Slide Identification	Box	Slide Identification

*This form can be copied to list additional cases as needed.