



## Histology Laboratory Submission Form

*Clients: Please complete the shaded section and the Service Description Box below*

Case Number	Department Name
IDR Number	Investigator Name
Account Number	Contact Name and Number
Date Submitted	Date Collected
Date Completed	Type of Fixative
Date Picked Up/Signature	# Cassettes/blocks Submitted
Species	If this project involves human specimens, provide IRB Number

Describe the type of service you require. Include information such as # H&E and/or unstained slides, # sections per slide, thickness of section, special embedding instructions, etc. Further instructions can also be placed on page 2 with specimen description.

### To be completed by the laboratory

Service	Price	Number	Quote for Service
Process/Embed/1HE			
Unstained Sections			
Recut			
Addl HE slides			
Process/Embed only			
Special Stain			
Slide Boxes			
Tech Time, 1/2hr			
Total			

Process/embed:                      Sectioned:                      Stain/Coverslip:                      Final:

## Histology Laboratory Submission Form – Sample Identification

PRR #	Cassette Sample ID	Type of Tissue	Individual Handling Instructions
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Additional Comments: