



Pathology Research Resources

Division of Comparative Pathology, Miller School of Medicine, Ph: (800) 596-7390 Fax: (305) 243-5662 www.cpl.med.miami.edu

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
UM Charge Account Number		
Billing Contact Name		
IRB NUMBER (if applicable)		

LIST OF ANTIGENS/TARGET DNA OR RNA			
1		6	
2		7	
3		8	
4		9	
5		10	



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Total Number of Cases Submitted for Staining: _____

Box	Slide Identification	Box	Slide Identification

Additional comments:

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