

Pathology Core Laboratory Request Form

www.pathology.emory.edu/WCIPathCore

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Date Submitted: _____ SmartKey: _____
Researcher / PI: _____ Institution: _____
Contact Phone/Email: _____ Department: _____
Tissue Source/Animal: _____
Cassettes Submitted: _____ in _____ # Received _____
Tissues Submitted: _____ in _____ # Received _____

Paraffin Histology <input type="checkbox"/> Process / Embed <input type="checkbox"/> H&E Number: _____ <input type="checkbox"/> Unstained Slides Number: _____	Frozen Section Histology <input type="checkbox"/> Embed / Section <input type="checkbox"/> Embed / Section / Unstained <input type="checkbox"/> H&E Number: _____
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Special Stains <input type="checkbox"/> Tier I (AFB, Fe, PAS, PAS/D, Gram, Alcian Blue, LFB) <input type="checkbox"/> Tier II (MT, VVG, Congo, Sirius, Steiner, Colloidal Fe) <input type="checkbox"/> Tier III – Ag Stains (GMS, PAMS, JMS, Bielchowski, Retic) <i>Other stains available upon request</i>
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Immunohistochemistry <input type="checkbox"/> Established Protocol / Ab provided by researcher Ab: _____ <input type="checkbox"/> Ab Protocol Development: Ab: _____

Tissue Microarray <input type="checkbox"/> TMA Block Construction - Areas Identified <input type="checkbox"/> H&E from TMA Block Number: _____ <input type="checkbox"/> Unstained from TMA Block Number: _____	Laser Capture Microdissection <input type="checkbox"/> Per hour usage with Tech Number of hours: _____
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Usage of Core Lab Equipment – Experienced Users <input type="checkbox"/> Microtome Number of hours: _____ <input type="checkbox"/> Cryostat Number of hours: _____ <input type="checkbox"/> Laser Capture Microdissection Number of hours: _____

Whole Slide Scanning for Digital Pathology <input type="checkbox"/> Slide Scanning Number of slides: _____ <input type="checkbox"/> Internal Storage Number of slides: _____ <input type="checkbox"/> DVD Storage Number of DVD's: _____	Miscellaneous <input type="checkbox"/> Cassette Charge <input type="checkbox"/> Slide Box – 25 count Number of Boxes: _____ <input type="checkbox"/> Slide Box – 100 count Number of Boxes: _____
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Laboratory Use Only Date Completed: _____ Contacted: <input type="checkbox"/> In Person <input type="checkbox"/> VM <input type="checkbox"/> EMail	Total Charges: _____ <input type="checkbox"/> Payment Received Date: _____
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