

# Pathology Core Laboratory Request Form

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Date Submitted \_\_\_\_\_  
 Researcher/PI \_\_\_\_\_  
 Contact Phone/Email \_\_\_\_\_  
 IRB Approval \_\_\_\_\_ (Sign)

**Grant/Account No.** \_\_\_\_\_  
 Institution \_\_\_\_\_  
 Department \_\_\_\_\_

Tissue Source/Animal \_\_\_\_\_  
 # Cassettes Submitted \_\_\_\_\_ in \_\_\_\_\_  
 # Tissues Submitted \_\_\_\_\_ in \_\_\_\_\_  
 Cassette Color: \_\_\_\_\_  
 Cassettes Labeled As: \_\_\_\_\_

# Received \_\_\_\_\_  
 # Received \_\_\_\_\_  
 Cassette/Grossing Charge [ ] \_\_\_\_\_

<p><b>Paraffin Histology:</b>                  Process only [ ]                  Process/Embed [ ]                  Process/Embed/H&amp;E [ ]                  Additional H&amp;E # _____                  Unstained Slides # _____</p>	<p><b>Frozen Section Histology:</b>                  Embed/Section/1<sup>st</sup> H&amp;E [ ]                  Embed/Section/1<sup>st</sup> Unstained [ ]                  Additional Unstained # _____                  Additional H&amp;E # _____</p>	
<p><b>Special Stains:</b>  <i>Tier I:</i>                  AFB [ ] Alcian Blue [ ]                  Fe [ ] LFB [ ]                  PAS [ ] PAS/D [ ]                  Gram [ ]                  Other _____</p>	<p><i>Tier II:</i>                  MT [ ] PTAH [ ]                  VVG [ ] Steiner [ ]                  Congo Red [ ] Coll Fe [ ]                  Sirius Red [ ]                  Other _____</p>	<p><i>Tier III:</i>                  GMS [ ] Bodian [ ]                  PAMS [ ] Other _____                  JMS [ ]                  Bielchowski [ ]                  Retic [ ]</p>
<p><b>Immunohistochemistry:</b>                  Established Protocol/Ab provided by researcher [ ] Ab _____                  Established Protocol/Ab provided by Core Lab [ ] Ab _____                  Ab Protocol Development [ ] Ab _____ Dilution _____                  Misc _____</p>		
<p><b>Tissue Microarray:</b>                  TMA Block Construction-areas identified [ ]                  TMA Block Construction-areas <b>not</b> identified [ ]                  Custom TMA Construction-call for appt. [ ]                  H&amp;E from TMA block [ ] # _____                  Unstained from TMA Block [ ] # _____</p>	<p><b>Laser Capture Microdissection:</b>                  Facility usage: # of hours _____ [ ] with tech                  [ ] without tech</p>	
<p><b>Special Instructions (Embedding, Sectioning, Staining, Etc.):</b>                  _____                  _____                  _____</p>		

**Laboratory Use Only**

Date Completed \_\_\_\_\_  
 Contacted: In Person [ ] VM [ ] Email [ ]  
 Slide Boxes: 25 ct. \_\_\_\_\_ 100ct. \_\_\_\_\_  
 Payment Received [ ] Date \_\_\_\_\_

Total Charges: \_\_\_\_\_