The Center for Molecular Imaging

Tissue Histopathology Services

Services Request Form

Request Date ____________

Requestor Information

Name___________________________ Research PI ____________________________

Account # (Chartfield) _____________________________________________________

(Contact administrative staff in your department for the account number if you don't know)

Phone #__________________________ Room # ______________________________

Specimens Information

Species _______________ ID ________________ Age ______________ Sex __________

Tissues Submitted _________________________________________________________

(If submitting specimens from multiple animals, please provide a spreadsheet with complete information.)

Services Requested

1. # of Paraffin Blocks_______

   H&E Stain_________ Unstained___________ Decals_________

2. # of IHC _______

   Name of Primary Antibody _________________ Stained (specify) _______________

   Sectioning thickness ___________ Serial _____________ Levels_________________

3. # of Frozen Sample _______

   Frozen Section H&E _____________________ Unstained ______________________

4. Special Stain_______________________ Others _____________________________

Total # of slides __________

Other Instructions_______________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

(Please do not write below this line)

Initial ___________________ Date signed out _________________ to ____________________