

HISTOLOGY RESEARCH SERVICE REQUEST

| TO BE COMPLETED BY INVESTIGATOR (please type or print): | | |
|---|--|---------------|
| Submitted by: | Date Submitted: | |
| In-House Request (UTHSCH only): <input type="checkbox"/> | Dept./School: _____ | |
| Non In-House Request (outside U.T.): <input type="checkbox"/> | Name of Organization: _____ | |
| Principal Investigator (name): | Principal Investigator (signature): | |
| Lab Contact Person: | Lab Contact Phone/Pager #: | |
| Business Contact Person: | Business Contact Phone #: | |
| UTHSCH Account to be charged: _____ | | |
| Oper. Unit | Dept. Code | Fund Code |
| Program | Project | Class |
| OR | | |
| Non-U.T. Investigators: Invoice #: _____ Billing Address: _____ | | |
| _____ | | |
| # of Cassettes Submitted: | # of Slides/Blocks Submitted: | |
| Tissue Source: | | |
| Work Requested: | | |
| Special Orientation or Other Notes: _____ | | |
| _____ | | |
| _____ | | |
| TO BE COMPLETED BY HISTOLOGY LAB: | | |
| Grossing or Trimming of Specimens: | Decalcification: | |
| Processing/Embedding: | Re-embedding Outside Block: | |
| Paraffin Sections: | Additional Sections Per Same Block: | |
| Frozen Sections: | Additional Sections Per Same Block: | |
| H&E Staining: | | |
| Special Stains I: | Special Stains II: | |
| Direct Immuno: | Direct Immuno, Antibody Provided by Researcher: | |
| 2-Step Immuno: | 2-Step Immuno, Antibody Provided by Researcher: | |
| 3-Step Immuno: | 3-Step Immuno, Antibody Provided by Researcher: | |
| Histochemistry: | | |
| Date Completed: | Technician: | Verified by: |
| Research #: | RUSH Charge (1.5 X Total): | Total Charge: |