

REQUEST FOR HISTOLOGY SERVICES

DATE	
Principle Investigator(s)	
Work submitted by	
User assigned animal ID (For reference only)	
Species & Tissue type (mouse, rat etc.) (Kidney, brain etc.)	
Fixation (type and duration)	<input type="checkbox"/> Histochoice <input type="checkbox"/> 10% BF <input type="checkbox"/> Other _____hours
Processing	<input type="checkbox"/> Paraffin <input type="checkbox"/> Frozen <input type="checkbox"/> Other
Presence of biological hazard	<input type="checkbox"/> No <input type="checkbox"/> Yes
Embedding (No. of samples/block & tissue orientation)	
Sectioning Requested 1. No. of sections/slide 2. No. of slides/block	1 _____ 2 _____
Staining Requested (H&E, PAS etc.)	
Immunohistochemistry	
Date work needed by	
Special Instructions	