Histology Service Submissions Form

Date __________________________ Charge/Index Code ________________________________

PI ___________________________ Dept ________________________________

Person submitting samples __________________________________________________________

Email ___________________________________________ Phone # ________________________________

SAMPLE FORMAT SUBMITTED

_______ # of Tissues: Fix Date__________ Fixative_____________ delivered in cassette □

_______# of Paraffin blocks submitted

_______# of Slides submitted

Species and Tissue: ______________________________________________________________

SERVICE REQUEST

___________ # of tissues to process and paraffin embed

Specific orientation request: YES NO (if yes, explain in comments area on back)

___________ # of unstained slides/sample

___________ # of sections per slide (additional charge for greater than 2 sections/slide)

CMMC Staining Request

___________ # of H&E slides /sample

___________ # of IHC slides/sample  __________ # of IF slides/sample

Antibody ____________________________________________________________

__________________________________________________________________________

CMMC Vectra Polaris Imaging  please fill-in the # of slides for scanning preference

___________ # Brightfield (IHC/H&E/special stains)  __________ # Fluorescent

___________ # Fluorescent with spectral unmixing  Fluorophores________________________

Quantification: YES NO __________ # MSI (Multispectral Imaging)
Description | # per ord
---|---
Tissue Test Samples
Specialized Grossing, embedding, or sectioning $40/hr
Fixation Solution, 50ml
purchase cassette
std grossing $0.90/ sample
Slide Storage Boxes
Blades
Box of positive charged slides
Primary Ab | core | customer
Secondary Ab | core | customer