

## **Research - Histopathology Submission Forn**

	LAB USE ONLY:
<u>n</u>	Accession Number:
	Date:

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PLEASE CONTPLETE ALL FIELDS; PRINT LEGIBLY OR TYPE.	
Invoice to (e.g. research account number, other university account etc.):	
Submitted by:	
Address:	
Phone No.:	
E-mail address:	
Name of Principal Investigator on project:	
Submitted by Signature:	
Sample Identification number (s): Attach additional page if necessary	
Number of samples submitted:	
Species:	
Breed/Strain:	
Tissue(s) submitted:	
Samples submitted in (e.g. type of fixative):	
Work needed by (date):	
Type of work requested:	
Tissue processing, embedding, sectioning and staining (routine H&E).	
Tissue processing, embedding, and sectioning, unstained slide.	
Tissue processing and embedding only.	
Sectioning only of paraffin block.	
Other:	
Additional information: (Please include any special requests, e.g. embedding orientation instructions)	