



Histology Request Form

Submission Information	
Today's Date: _____	Date Requested _____
PI: _____	By: _____
Submitter: _____	Submitter _____
Submitter email _____	Phone: _____
Tissue Source (species): _____	
Tissue Submitted: _____	
Total Number of Samples Submitted: _____	
What Fixative was used on the tissues provided: _____	
What is the tissue currently immersed in: _____	
Requested Services:	
Embedding:	Please draw or describe preferred orientation of tissue in block:
<input type="checkbox"/> Paraffin	
<input type="checkbox"/> OCT	
<input type="checkbox"/> Other (agarose)	
# blocks to be made _____	
# Tissues/block _____	
How should blocks be labeled:	
	Orientation is: coronal, sagittal, axial other
Sectioning:	How should the slides be labeled?
<input type="checkbox"/> Paraffin	
<input type="checkbox"/> OCT	
<input type="checkbox"/> Other (agarose)	
# blocks for sectioning _____	# sections/slide _____
Section thickness _____ μm	# slides/block _____
Staining:	If Other, please describe:
<input type="checkbox"/> None	
<input type="checkbox"/> Hematoxylin & Eosin	
<input type="checkbox"/> Other	

Additional Notes: