



### Histology Request Form

<b>Submission Information</b>	
Today's Date: _____	Date Requested
PI: _____	By: _____
Submitter: _____	<b>Funding Source (Grant):</b> _____
Submitter email: _____	_____
Submitter 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: _____	
<b>Requested Services:</b>	
<b><u>Embedding:</u></b>	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
<b><u>Sectioning:</u></b>	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 _____ $\mu\text{m}$	# slides/block _____
<b><u>Staining:</u></b>	<input type="checkbox"/> Alcian Blue <input type="checkbox"/> Periodic Acid-Schiff <input type="checkbox"/> Other (please describe)
<input type="checkbox"/> None <input type="checkbox"/> Hematoxylin & Eosin <input type="checkbox"/> Sirius Red	

Additional Notes: