



HTRC Request Form – NON-HUMAN TISSUE

Date In: _____ FAS Account# _____ Job #: _____

General Information:

P.I. _____ Contact Person: _____ Project Name _____
Pager/Phone _____ Email Address _____ Department: _____

Specimen Information:

Tissue source & type: _____ # of Cassettes: _____ Fixed Tissue _____ Frozen Tissue _____ Fixative: _____

Histology Instructions:

Thickness of Section: _____ (5um is standard) Collection Method (serial or selective sections): _____

**Special Orientation of Tissue (i.e. embedding 'on edge', 'on end', 'for cross-section', etc.): _____

IHC Stain: _____ Antibody Provided: Yes _____ No _____ Positive Control Tissue for IHC: _____

Special Stain (PAS, Trichrome, etc.): _____ For DNA/RNA extraction _____

Special Comments: _____

Shaded box below is to be completed by HTRC personnel only:

Sectioned By: _____ Date: _____ IHC Completed By: _____ Date: _____ Returned: # of Blocks _____ # of Slides _____
Stain(s) Reviewed By: _____ Date: _____ Positive Control: _____ Negative Control: _____

#	Block ID	Process & Embed (✓)	**Special Orientation (embedding) if any	Total # of Slides Cut	# H&E Slides	# Unstained Slides	# of Special Stain / IHC Slides
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Investigators must provide appropriate materials (i.e. cassettes, sponges, LCM slides, etc.) with request or charges for these materials will be applied. If slides are requested and slide boxes are NOT provided at time of pick up, there will be an automatic charge. Investigators will be notified by email or phone when request is completed. **CASSETTES MUST BE LABELED IN PENCIL! MARKER AND PEN WILL COME OFF DURING PROCESSING.**

Picked Up By: _____ Date: _____

****TURN FORM OVER TO CONTINUE LISTING SAMPLES****