



**The Center for Molecular Imaging**

***Tissue Histopathology Services***

**Services Request Form**

Request Date \_\_\_\_\_

**Requestor Information**

Name \_\_\_\_\_ Research PI \_\_\_\_\_

Account # (Chartfield) \_\_\_\_\_

(Contact administrative staff in your department for the account number if you don't know)

Phone # \_\_\_\_\_ Room # \_\_\_\_\_

**Specimens Information**

Species \_\_\_\_\_ ID \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Tissues Submitted \_\_\_\_\_

(If submitting specimens from multiple animals, please provide a spreadsheet with complete information.)

**Services Requested**

1. # of Paraffin Blocks \_\_\_\_\_

H&E Stain \_\_\_\_\_ Unstained \_\_\_\_\_ Decals \_\_\_\_\_

2. # of IHC \_\_\_\_\_

Name of Primary Antibody \_\_\_\_\_ Stained (specify) \_\_\_\_\_

Sectioning thickness \_\_\_\_\_ Serial \_\_\_\_\_ Levels \_\_\_\_\_

3. # of Frozen Sample \_\_\_\_\_

Frozen Section H&E \_\_\_\_\_ Unstained \_\_\_\_\_

4. Special Stain \_\_\_\_\_ Others \_\_\_\_\_

Total # of slides \_\_\_\_\_

Other Instructions \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Please do not write below this line)

Initial \_\_\_\_\_ Date signed out \_\_\_\_\_ to \_\_\_\_\_