

VAPH HISTOLOGY LAB SUBMISSION FORM (please allow 2-4 weeks turn around time)

Date Submitted: _____ Date Needed: _____

Faculty Member: _____ Dept: _____ Phone: _____

Submitted by: _____ Dept: _____ Phone: _____

Email address: _____

Indicate how we should contact you when your work is finished: *circle one* **email** **phone**

Species & Tissue submitted: _____

Fixative used: _____ Fixation time: _____ Fixation Temp: room temp refrigerator
circle one

Now in solution: _____ Please list your cassette numbers below, on back, or attach a separate list:

Processing Information:

_____ # blocks for processing

_____ # blocks for decal

_____ # of tissues in each cassette

Sectioning Information:

_____ # of blocks for sectioning

_____ # of H&E's per block

_____ # of special stains

_____ # of unstained slides per block

_____ # of sections @ unstained slide

Unstained Sections spaced apart? Yes No

Special Instructions: _____

Circle all that apply: Are your unstained slides for *RNA* or *Immunohistochemistry* ?

If your slides are for RNA, do you want us to use *distilled water* in the water bath and *wear gloves*?

Indicate slides to be used: *plus-coat-researcher's* *plus-coat-Histo Lab's* *Other:* _____

Do you want your slides to be stored in the *freezer* or *refrigerator*? Do you want the wet tissue to be *refrigerated*?

Do you want your paraffin blocks to be stored in the *refrigerator*?

Are you providing *your own slide boxes* or do you wish to *purchase the Histo Lab's slide boxes*?

Billing Info: Account No. _____

For Lab Use Only: Dept.: yes no (circle one) LSI# _____ Invoice# _____

P&E _____ H&E _____ Unstained _____ Plus coat: researcher's/Histo Lab

Specials _____ Decal _____ Slide box: 100 ___ 25 ___ Tech Time _____ minutes

Other: _____