

VTPB IMMUNO/HISTOLOGY BLOCK LOG RESEARCH

GI LAB	
OSTEO	
THERIO	

DATE: _____ VTPB PROJECT CODE or ACCOUNT# (REQUIRED): _____

DATE NEEDED: _____ DEPARTMENT or ORGANIZATION TO BILL: _____
(Please allow 4-6 weeks for completion depending on size/complexity)

INVESTIGATOR: _____ PHONE #: _____ EMAIL: _____

YOUR NAME: _____ PHONE #: _____ EMAIL: _____

FIXATIVE SUBMITTED IN: _____ (Lab prefers tissue submission in 70% ethanol)

Note: The lab is not responsible for fixation time if the tissue is submitted in a fixative.

IMPORTANT – PLEASE LIST ALL CASSETTE NUMBERS SUBMITTED (if additional space is needed, please attach list)				NOTE: THE LAB IS RESPONSIBLE FOR ROUTINE SECTIONS ONLY	
BLOCK #	TISSUE	SPECIES	# OF TISSUES	STAIN	MISCELLANEOUS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

For Lab Use Only – Do Not Write Below This Line

DATE RECEIVED: _____ / PROCESSED : _____ / EMBEDDED: _____ / CUT: _____ / COMPLETED: _____ / TECH: _____

ACCOUNTING

Process/ Embed/H&E: _____ / H&E Slide: lab supplies slide: _____ / Unstained Slide: _____ / Process/ Embed Only: _____ /

Special Stain: _____ # _____ / Special Stain: _____ # _____ / Special Stain: _____ # _____ /

Special Stain: _____ # _____ / Process/ Embed/H&E/Large Block: _____ / H&E Stain: requestor supplies slide: _____ /

Immuno with control: _____ / Immuno without control: _____ / Immuno: requestor supplies Primary Antibody: _____ /

PCR Curls: _____ / Slide Box 25: _____ / Slide Box 100: _____ / Decalcification/Process/ Embed/H&E: _____ /