

HISTOPATHOLOGY RESEARCH LABORATORY

Tel: (318) 675-8893
Service Request Form

Lab Location:

3-337 B-building, Medical School
 (Located in the hallway between the Med School & Hospital)

Date Submitted: _____
 Researcher/PI: _____
 Contact/Phone: _____
 Email: _____

Grant/Dept. Acct. No _____
 Department: _____

Tissue Source/Animal _____
 # Cassettes Submitted _____
 # Tissues Submitted _____
 Cassette Color: _____
 Cassettes Labeled As: _____
 Type of Fixative: _____

Cassettes Received _____
 # Tissues Received _____
 Cassette/Grossing Charge []
 Necropsy Charge []
 Pathologist Review Charge []

<p>Paraffin Histology:</p> <p>Process/Embed/H&E # [] Additional H&E # _____ Unstained Slides # _____</p>		<p>Frozen Section Histology:</p> <p>Embed/Section/1st H&E [] Embed/Section/1st Unstained [] Additional Unstained # _____ Additional H&E # _____</p>	
<p>Special Stains: <i>Tier I:</i></p> <p>AFB [] Alcian Blue [] Fe [] PAS [] PAS/D [] Gram [] Other _____</p>	<p><i>Tier II:</i></p> <p>Elastic (VVG) [] Congo Red [] Colloidal Fe [] Sirius Red [] Trichrome [] Other _____</p>	<p>Tier III:</p> <p>Grocott's Methenamine Silver [] Steiner [] Reticulin [] Other _____</p>	
<p>Immunohistochemistry:</p> <p>Established Protocol/Ab provided by researcher [] Ab: _____ Established Protocol/Ab provided by Core Lab [] Ab: _____ Ab Protocol Development [] Ab: _____ Staining Pattern: Membrane [] Cytoplasm [] Nucleus [] Reference: _____</p>			
<p>Tissue Microarray:</p> <p>TMA Block Construction-areas identified [] TMA Block Construction; areas not identified [] Custom TMA Construction- call for appt. [] H&E from TMA Block [] # _____ Unstained from TMA Block [] # _____</p>		<p>Other Services:</p>	
<p>Special Instructions: (Embedding, Sectioning, Staining, etc.)</p>			

Laboratory Use Only:

Date Completed _____
 Contacted: In Person [] Voice [] Email []
 Slide Boxes: 25 ct. _____ 100 ct. _____
 Payment Received [] Date _____

Total Charges: _____