

### HISTOLOGY RESEARCH SERVICE REQUEST

<b>TO BE COMPLETED BY INVESTIGATOR (please type or print):</b>		
Submitted by:	Date Submitted:	
In-House Request (UTHSCH only): <input type="checkbox"/>	Dept./School: _____	
Non In-House Request (outside U.T.): <input type="checkbox"/>	Name of Organization: _____	
Principal Investigator (name):	Principal Investigator (signature):	
Lab Contact Person:	Lab Contact Phone/Pager #:	
Business Contact Person:	Business Contact Phone #:	
UTHSCH Account to be charged: _____		
Oper. Unit	Dept. Code	Fund Code
Program	Project	Class
<b>OR</b>		
Non-U.T. Investigators: Invoice #: _____ Billing Address: _____		
_____		
# of Cassettes Submitted:	# of Slides/Blocks Submitted:	
Tissue Source:		
Work Requested:		
Special Orientation or Other Notes: _____		
_____		
_____		
<b>TO BE COMPLETED BY HISTOLOGY LAB:</b>		
Grossing or Trimming of Specimens:	Decalcification:	
Processing/Embedding:	Re-embedding Outside Block:	
Paraffin Sections:	Additional Sections Per Same Block:	
Frozen Sections:	Additional Sections Per Same Block:	
H&E Staining:		
Special Stains I:	Special Stains II:	
Direct Immuno:	Direct Immuno, Antibody Provided by Researcher:	
2-Step Immuno:	2-Step Immuno, Antibody Provided by Researcher:	
3-Step Immuno:	3-Step Immuno, Antibody Provided by Researcher:	
Histochemistry:		
Date Completed:	Technician:	Verified by:
Research #:	RUSH Charge (1.5 X Total):	Total Charge: