



UNIFORMED SERVICES UNIVERSITY

Histopathology Request Form

Biomedical Instrumentation Center G-240

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PI/Submitted by: _____ DATE: _____

Grant

Number: _____ Phone/Email: _____

Tissue Species _____ Tissue Type: _____

Fixative(s) _____ Date of Fixation _____

(For routine tissue processing, samples of no more than 3mm thick. Formalin provided free of charge by our laboratory)

SUBMITTED MATERIAL (check which applies):

Wet Tissue # _____ Blocks # _____ Slides# _____

REQUESTED SERVICE:

Paraffin Embedded:

Process, embed, section, H&E stain only _____

Process, embed, and section only _____

Process, embed only _____

Unstained Section only _____

Precut H&E Stain only _____

Precut Special Stain only _____

Frozen Sections (FS):

Frozen Section: Unstained _____

Frozen Section: H&E Stained _____

Precut FS Slide: H&E Stained _____

Precut FS Slide: Special Stain _____

NUMBER OF SLIDES PER BLOCK:

H&E stained slides: _____

Special stained Slides: _____

Unstained: _____

SECTIONS per SLIDE (1-3): _____

SPECIAL STAINS:

PAS _____ LFB/PAS _____ Masson Trichrome _____ Mucicarmine _____

Other: _____

Special Instructions: (embedding, sectioning, orientation):

For large cases requiring special staining, approval of test control slides will be required before the case can be completed. Please initial _____*

LAB USE ONLY: Accession Number # _____

Date Tissue received in lab: _____ Date Completed: _____

Total Cost: _____