

Service Core 3: Histology and Tissue Processing



SERVICE REQUEST FORM

P.I. or Center Member: _____

Requested By: _____ Authorized Signature: _____

*"I certify that I am authorized to sign on this account,
and to the best of my knowledge, funds are available."*

Phone: _____ Fax: _____ E-mail: _____

Grant Number: _____ Account Number: _____

Is this a Center related request? _____

State if this is an NIEHS Center Pilot Project request. _____

If this is a Center related request, please state how this is relevant to the Center. (Project or Grant title acceptable.)

Research Core Affiliation: _____

Amount charged to center: _____

Amount charged to P.I. Grant: _____

Work or Results Received By: _____

Date In: _____ Date Out: _____

A BRIEF CONSULTATION WITH THE SERVICE CORE PERSONNEL IS REQUIRED.

A GRANT NUMBER IS REQUIRED FOR EVERY REQUEST.

WORKREQUEST

HISTOLOGY

Histology #:	Total Cassettes:	Cost:
Custom Processing/Sectioning:	Total # Slides:	

IMMUNOHISTOCHEMISTRY

Numbers of Slides:	Total # of Slides:	
Type of Stain:	Fixative:	Cost per Slide:

SPECIAL STAINS

Stain:	Tissue:
Fixatives:	
Histology Numbers:	Charge:

TOTAL:

NECROPSY

Animal:

Number of Animals:

Histology Numbers: Tissue Type: Fixatives:

Total Number of Cassettes:

Charge:

Please Specify

DECALCIFICATION

Number of Bone Decalcifications:

Cassette Numbers:

WHOLE MOUNT

Number of Whole Mounts:

Numbers on Whole Mounts:

Cost:

TOTAL: