

HISTOLOGICAL SECTIONS REQUEST FORM

Requested By:	Accession #	H-
Phone # (ext.) or e-mail:	Date Requested:	
PI's Full Name:	Affiliation:	JCCC/ non-JCCC
Fund Manager:	FAU/recharge ID:	
Fund Manager Phone:		

PARAFFIN Time in Fixative:	OR	FROZEN
Is there any Bone Tissue present? <input type="checkbox"/> YES <input type="checkbox"/> NO		Tissue Received? <input type="checkbox"/> YES <input type="checkbox"/> NO
How was it received? <input type="checkbox"/> Ethanol <input type="checkbox"/> FORMALIN		OCT block(s) received? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Requestor Block(s) <input type="checkbox"/> TPCL Block(s)		TPCL Blocks(s) used? <input type="checkbox"/> YES <input type="checkbox"/> NO

PLEASE ANSWER

Is this Human Tissue? <input type="checkbox"/> YES <input type="checkbox"/> NO	Total number of blocks requested:	<input type="checkbox"/> 1 Section/Slide (Standard)	Number of: ___ H&E/Block
Are there any special precautions the TPCL staff should be aware of: <input type="checkbox"/> None <input type="checkbox"/> INFECTIOUS <input type="checkbox"/> TOXIC <input type="checkbox"/> RADIOACTIVE	Number of slides requested cut per block: <small>For process/embedding services only, please write "0"</small>	<input type="checkbox"/> 2 Section/Slide	___ Unstained/Block
		<input type="checkbox"/> ___ Sec's/slide	___ Trichrome/Block
		<input type="checkbox"/> 4 µm	Organ type(s) (ex. Lung):
		<input type="checkbox"/> 5 µm	
		<input type="checkbox"/> ___ µm	

Block ID's: Please make ID's Simple	Special Instructions:
1. 11.	
2. 12.	
3. 13.	
4. 14.	
5. 15.	
6. 16.	
7. 17.	
8. 18.	
9. 19.	
10. 20.	

LAB USE ONLY		BILLING COST	LAB USE ONLY	
QTY	ITEM/ SERVICE		P-39 REC'D	Expiration Date:
	Pathology Consultation			
	Process/Embedded only			
	Process/OCT/Embed 1 HE			
	Re-Embed Blocks/1 HE			Billing Completed By:
	1 sec./slide Unstained			Total:
	2 sec./slide Unstained			
	___ sec./slide Unstained			
	H&E staining/slide			Called / emailed for Pick Up:
	Shavings/tubes			
	Unfaced block			Picked up by (Print Name):
	Small/Medium/Large Slide Box			
	Trichrome stain			Date:
	De-cal or Grossing			
	Level(s)			
	slides labeled			

