Histology Service Work Order

Submitted By______________________________ Date_____________

Phone/email____

Investigator:________________ Deadline____________

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Project Name_________________________ Species _________

<u>Fixation:</u>
Type of Fixative________
Perfused Y / N With what__________
Date________Time________in fixative Now in ____________
Date _________ Time______ removed

<u>Processing:</u>
Paraffin_____ Date Processed______________Cycle_________
Frozen _____ Date Processed_______________
Other _____ Date Processed________________

Block Code	#	Tissue Type	Instructions

Sectioning:
_____ Unstained
_____ H&E
_____ Special stain
_____ ___________
_____ ___________
_____ ___________
_____ Immuno
_____ ___________
_____ ___________
_____ ___________

Stats:
_____ Unstained _______
_____ H&E ___________
_____ Special Stain_____
_____ Immuno_________
____
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