WORK REQUEST FORM

All areas of this form must be completed, submitted for review and approval before any work begins.

Please attach a brief summary of the study objectives, protocols, product information or a presentation if available.

Date submitted: Day/Month/Year

Requested by: Name

Investigator:

Email

Institution/Department:

Ext.

Billing Instructions/CC:

SPECIMEN INFORMATION

☐ Human tissue

☐ Animal tissue

☐ Cultured cells

☐ Other (please specify):

REB/ACURF approval #:

Approval expires:

Total # of cases/specimen:

Date(s) delivered:

Specimen preparedness:

(indicate if fixed and sliced)

WORK TO BE PERFORMED

Slides	
Size (")	*#*
1x3	
2x3	
3x4	
4x5	
5x7	

Total number of cassettes (blocks):

Thickness of blocks:

Frozen sections: Yes ☐ No ☐

Section thickness (μm):

Gel type or fixing agent:

Routine processing: Yes ☐ No ☐

Special processing:

(e.g. decal, defat, microwave)

Routine embedding: Yes ☐ No ☐

# of unstained sections:

# of H&E sections:

# of specially stained sections:

Immunostaining/antibody:
(specify, if supplied by investigator)

Other (fluorescence):

Scanning required: Yes ☐ No ☐

Scanning requirements:
(BF, FL, resolution, filters, number and size of slides to be scanned)

Full service ☐ Self-service ☐ Training req'd ☐

Other specific instructions (embedding/cutting), or additional work/supplies/changes to previous order:

APPROVAL

Approved by: First/Last Name   Signature: _____   Date: Day/Month/Year