

Date of submission: **FOAPAL** to use for this service charge: Principal investigator: Department: Phone #: Email: Person submitting: Name: Phone #: Email: _____ SUBMISSION: Biospecimen type (kidney, liver, lungs, etc): ☐ Human biospecimen ☐ Animal biospecimen Was the submitted biospecimen obtained from a donor infected with potentially infectious agent(s)? Yes, name of the infectious agent(s): No Number of samples: _____Paraffin-embedded block ____OCT block ____Fresh _____Fixed, type of fixative: _____ Slides Block, slide or biospecimen ID (attach list if needed):

RE	EQUESTED SERVICES:
	Tissue processing and paraffin embedding OCT embedding Staining Immunohistochemistry
Cu	tting instructions:
	Serial sectioning Levels x 3 Levels x 5 Deeper section
Thi	ickness (default thickness 4 or 5 μm):
# o	of slides per block:
	of sections per slide:
	ne histotech will contact the user if the requested # of slides could exhaust the block. Blocks om the Biobank won't be let to exhaust.
Sta	aining instructions:
	H&E, # of slides:
	Unstained, # of slides:
	Special staining:
	Special instructions:
lm	munohistochemistry instructions:
	User provides protocol and primary antibody - attach protocol.
	User provides only primary antibody
	User provides positive/negative controls
	Primary antibody provided:
	Name/Company:
	Source:
	Volume:
	Dilution:

For histotech use only Notes:		