



USA Health Biobank and Histology Core Facility Histology Service Request Form

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, species: _____

Was the submitted biospecimen obtained from a donor infected with a potentially infectious agent(s)?

_____ No _____ Yes, name of the infectious agent(s): _____

Number of samples: _____ Paraffin-embedded block
_____ OCT block
_____ Fresh
_____ Fixed, type of fixative: _____
_____ Slides

NOTE 1: Use a **pencil** to label your tissue cassettes or a **histology pen** (Fisherbrand™ Fisherfinest™ Chemically Resistant Markers, Cat. # 22-026-700). Never use a Sharpie since the ink on those doesn't resist the solvents used for tissue processing.

NOTE 2: If you provide patient tissue blocks with SU-XX-XXXX number for histology services, please de-identify the blocks by providing a correspondent **ID list**. That ID will be used to label the requested slides. To protect patient privacy, the Core can't generate slides with SU numbers.

NOTE 3: If you provide patient tissue blocks from the USA Pathology Department for histology services, we will hold the cassettes and return them to the Pathology Department once we finish your service. This is a Pathology Department request to maintain their inventory as accurately as possible.

Block, slide, or biospecimen ID (attach list if needed):

REQUESTED SERVICES:

- ☐ Tissue processing and paraffin embedding
- ☐ OCT embedding
- ☐ Staining
- ☐ Immunohistochemistry

Cutting instructions:

- ☐ Serial sectioning
- ☐ Levels x 3
- ☐ Levels x 5
- ☐ Deeper section

Thickness (default thickness 4 or 5 μ m): _____

of slides per block: _____

of sections per slide: _____

NOTE 4: The histotech will inform the user if the requested number of slides may exhaust a tissue block. Any tissue block submitted for histology services will not be exhausted.

Staining instructions:

- ☐ H&E, # of slides: _____
- ☐ Unstained, # of slides: _____
- ☐ Special staining: _____
- ☐ Special instructions: _____

Immunohistochemistry 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: _____

NOTE 5: If slides from our services are used for an image for your scientific publication, please use the following statement to acknowledge the Core:

The authors acknowledge the resources and services provided for this work by the USA Health Biobank and Histology Core Facility, a shared facility in the College of Medicine at the University of South Alabama.

Notes:

[illegible]