



UNIVERSITY OF CALIFORNIA, SAN DIEGO

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HISTOLOGY RESOURCE REQUEST FORM

Nissi M. Varki M.D., Director

Cancer Center lab: (858) 822-1011
http://cancer.ucsd.edu/histology

or

CMME lab: (858) 534-2544 (Mary Ann Lawrence)
http://mousepheno.ucsd.edu/

Please complete the areas underneath the yellow bars. Thank you!

SECTION I: Customer Information

Date: Customer: Principal Investigator:
Phone: Email:
Index/PO #: Cancer Center member? Y N

SECTION II: Material Submitted

Species: Type of Samples: Fixed Tissue Fixative used: Time in fixative:
Type of Organs: Frozen Tissue Blocks Slides Tissue currently in:

Identity of Samples Submitted:

*this determines cassette/slide labels!

... continue on back if needed...

SECTION III: Instructions/Requests

Blocks only Or
No. of slides per block:
No. of sections per slide:
No. of slides unstained:
No. of slides H&E:
No. of slides for special stain: (please specify stain)
No. of slides for IHC: (please specify primary)
Embedding diagram (optional)

SECTION IV: Additional Instructions

pick up at CMME?
pick up at Moores Cancer Center?
Slide diagram (optional)

SECTION V: Technician's Comments

Empty lines for technician comments

SECTION VI: RECHARGE RATES

Table with 8 columns: Quantity, Code, Service, Tech Initials, Cancer Center (A), Non Cancer Center (B), Non UCSD (C), Date. Lists various services and their associated costs.

Requisition #: HL
Total:
Date Completed:
Completed By: