



PHL Sample Request Form

LASP

Request #:

place PHL barcode here

Contact Information

PI:	Submitted by:	Study Pathologist:	Date:
Bldg / Rm:	Tel #:	Email:	CTR #:
			Status: <input type="checkbox"/> Stat <input type="checkbox"/> Routine

Tissues Submitted for			Specimen Information			Tot. # of specimens:
Histology: <input type="checkbox"/>	Pathology: <input type="checkbox"/>	Both: <input type="checkbox"/>	Species:	IBC#:	Transgenic: <input type="checkbox"/> Yes <input type="checkbox"/> No Viral: <input type="checkbox"/> Yes <input type="checkbox"/> No Plasmid DNA: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of vector:	

Tissues: <input type="checkbox"/> Dropped off <input type="checkbox"/> Shipped			Specimen #	Sex M F	Comments: (additional relevant information on samples)
Fixative used / Submitted in:			1	<input type="checkbox"/> <input type="checkbox"/>	
Date into fixative:			2	<input type="checkbox"/> <input type="checkbox"/>	
Organs Submitted	Fixed	Frozen	3	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	5	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	6	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	7	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	9	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	11	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	13	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	14	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	15	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	17	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/> <input type="checkbox"/>	

Slides Requested:

Unstained: How many? Type of slide? Stained: How many? H&E Other Stain?

Storage:

Blocks: Refrigerate Return

Slides: Refrigerate Return

Cryo-sectioned Slides: Unfixed Fixed

Fixative: Acetone Methanol 10% NBF Other _____

Samples treated with: Radioactive Please specify: Nano-particles Please specify: