



UNIVERSITY of WASHINGTON

Pathology Research Services Laboratory

SLU E128

HSB C411

Histopathology Service Request Form

UW- Internal Rates

Requested By:		PI's Name:	
Phone Number:		Email:	
Budget Number:		Date Submitted:	Done:

Specimen Type Submitted:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Fixed (submitted in 70% ethanol) | <input type="checkbox"/> Paraffin Block(s) | <input type="checkbox"/> Mouse tissue |
| <input type="checkbox"/> Fixed (submitted in formalin) | <input type="checkbox"/> Frozen Block(s) | <input type="checkbox"/> Human tissue |
| <input type="checkbox"/> Fixed, already in cassettes | <input type="checkbox"/> Slides | <input type="checkbox"/> Other: |

Services Requested:

Histology:	<input type="checkbox"/> Cassette.....\$ 11.00 <input type="checkbox"/> Process & Embed >50 blocks.....\$ 6.00 <input type="checkbox"/> Process & Embed \$ 9.00 <input type="checkbox"/> Cut Block- <i>paraffin</i>\$ 10.00 <i>frozen</i>\$ 18.00 <input type="checkbox"/> Unstained slides \$ 4.00 Number per block_____	Number of Samples
Cut & Stain	<input type="checkbox"/> H&E.....\$ 6.00 <input type="checkbox"/> Oil Red O.....\$ 6.00 <input type="checkbox"/> Other:....inquire for \$ <input type="checkbox"/> TUNEL.....\$ 61.00 <input type="checkbox"/> PAS.....\$ 19.00 <input type="checkbox"/> Alizarin, Alcian.....\$ 6.00 <input type="checkbox"/> IHC/IF.....\$ 20.00 <input type="checkbox"/> Trichrome....\$ 19.00 <input type="checkbox"/> Picrosirius Red....\$ 19.00 <input type="checkbox"/> Tech time....\$ 65.00	
Consumables:	<input type="checkbox"/> Slide Box\$ 10.00	

Specimen ID's (to be printed on cassettes & slides):	Special Instructions:
1.	<i>Please tell us what you want us to do with your samples, include details about orientation etc, attach sheets if needed:</i>
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16.	Billing summary:
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