

SR# (Resource use only):
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CONTACT INFORMATION			
Date:	Contact:	Phone:	Contact email:
Institution:			Principal Investigator:
PO Number:		Authorized signature:	

SAMPLE INFORMATION		
Species:	Fixative:	Days in fixative:
Tissue/organs:	Sample type (e.g. blocks, slides, wet):	# Samples delivered:

SLIDE SCANNING			
# Brightfield:	<input type="checkbox"/> 20X	<input type="checkbox"/> 40X	Notes:
# Fluorescence:	<input type="checkbox"/> 20X	<input type="checkbox"/> 40X	

SAMPLE PROCESSING			SLIDE PROCESSING				
Please do not include personal health information (PHI) below and ensure PHI on specimen ID labels are redacted							
Specimen ID (15 character max)	Process +embed	OCT embed	Unstained	H&E	Special stain (specify)	IHC (specify antigen[s])	mIHC (specify antigens)

INSTRUCTIONS