



**RESEARCH REQUEST FORM**  
**HISTOLOGY & IMMUNOHISTOCHEMISTRY**

*for research use only:*

<b>Research # IR</b>
<b>Date Received:</b>
*****
<b>Date Completed:</b>

INSTRUCTIONS:

1. IF SUBMITTING FIXED TISSUE:
  - SUBMIT TISSUE IN CASSETTES
  - CLEARLY LABEL CASSETTES IN **PENCIL**
  - LIST ALL CASSETTES ON REQUEST SHEET
2. IF SUBMITTING PARAFFIN BLOCKS:
  - ALL BLOCKS MUST BE CLEARLY LABELLED
  - LIST ALL BLOCKS ON REQUEST SHEET
3. IF SUBMITTING FROZEN TISSUE:
  - CRYO MOLDS MUST BE LABELLED
  - LIST ALL TISSUES ON REQUEST SHEET

***\*THIS REQUEST FORM MUST HAVE GRANT/CHARGE CODE AND ADMINISTRATOR APPROVAL FOR BILLING AND IRB APPROVAL OR IRB EXEMPTION FOR ALL STUDIES INVOLVING HUMAN TISSUES***

- DATE SUBMITTED \_\_\_\_\_
- PRINCIPAL INVESTIGATOR \_\_\_\_\_
- **DEPARTMENT** \_\_\_\_\_
- CONTACT PERSON \_\_\_\_\_
- CONTACT PHONE # \_\_\_\_\_
- **GRANT/CHARGE CODE #** \_\_\_\_\_
- **ADMINISTRATOR APPROVAL** \_\_\_\_\_
- **KCC MEMBER? Y / N PROGRAM** \_\_\_\_\_

<b>MATERIAL SUBMITTED:</b>	<b>WORK REQUESTED:</b>

For billing use only:

REVISED 10/07/02

proc/emb only	proc/emb/cut 1 slide	cut add'l slides	re-emb/emb/cut 1 slide		stain slides H&E		PCR prep	Manual process	
frozen mount/cut 1 slide	cut add'l frozen slides	SS1	SS2	IHC1	IHC2	IF	tumorbank	archiveblock	miscellaneous