

Date Requested:

FOR HSR INTERNAL USE ONLY	
Histology Work Order No.	<input type="text"/>
IHC Work Order No.:	<input type="text"/>

Histopathology Shared Resource Work Request Form

NOTE: This form must be completed in order to process your request. Incomplete or incorrect information may cause delay in the processing of your order.

Please fill out the following information: **(REQUIRED)**

Contact Name:	P.I. Name:
Contact Email:	Phone Number:
Alias:	FAID:
<u>Other Billing Information (PO#, External Account #, etc):</u>	

What type of sample are you sending? (e.g. blocks, slides, etc.): **(REQUIRED)**

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

HISTOLOGY SERVICES REQUESTED: (REQUIRED)

<input type="checkbox"/> Embedding <input type="checkbox"/> Paraffin <input type="checkbox"/> OCT	Number of Samples:	<input type="text"/>
<input type="checkbox"/> Unstained Slides (Includes Slides needed for Staining)	Number of Slides per Sample:	<input type="text"/>
	Number of Sections per Slide:	<input type="text"/>
<input type="checkbox"/> H&E Stain(s)	Number of Slides to stain per Sample:	<input type="text"/>
<input type="checkbox"/> Special Stains (Please List):	Type of Stain Requested:	<input type="text"/>
	Number of Slides to stain per Sample:	<input type="text"/>

Complete List of Labeled Samples Included (attach additional paperwork if required):

<input type="text"/>
<input type="text"/>
<input type="text"/>

Shared Resource Acknowledgement: Please remember to acknowledge use of the HSR in talks, posters, and publications which include data generated in the core lab. The use of data generated in an OHSU core facility in a grant application, progress report or publication contains the implicit understanding that the PI or authors will acknowledge the use of the OHSU core facility.

FOR HSR INTERNAL USE ONLY

Large Slide Box(s):	Small Slide Box(s):	Small Slide Container(s):
Completed specimen(s) were picked-up from the Histopathology Shared Resource (MP235) on _____ via:		
<input type="checkbox"/> World Courier Service	<input type="checkbox"/> Direct Pick-Up by PI/Contact	<input type="checkbox"/> Other: _____

Date Requested:

FOR HSR INTERNAL USE ONLY	
Histology Work Order No.	<input type="text"/>
IHC Work Order No.:	<input type="text"/>

Histopathology Shared Resource Work Request Form

IMMUNOHISTOCHEMISTRY SERVICES REQUESTED

Check all that apply:

<input type="checkbox"/> <i>Paraffin Embedded Tissue (FFPE)</i>	<input type="checkbox"/> <i>OCT Embedded Tissue (Fresh Frozen)</i>
<input type="checkbox"/> <i>Specimen Fixation Method:</i>	<input type="checkbox"/> <i>Other:</i>
<i>Tissue (e.g. Mouse, Human, etc. (REQUIRED):</i> _____	<i>Primary Antibody (REQUIRED):</i> _____
<input type="checkbox"/> <i>Immunohistochemistry Consultation (with pathologist):</i>	

Have you worked with the Histopathology Shared Resource before using this Antibody before?

Yes *No*

If Yes, please provide information regarding previous work:

Please include all Publications where antibody has been used for Immunohistochemistry (please attach PDF(s) or PMID Number) (REQUIRED):

Note: We request that researchers supply the primary antibodies for their projects and any residual antibodies will be returned upon completion.

Additional Comments:
