



IPC Use Only: _____

Integrated Pathology Core Histology Request Form

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RESEARCHER INFORMATION

Requestor Name _____ Date Dropped Off _____

Project Name _____ E-mail(s) for Pick-Up _____

PI on Funding Grant _____ Department _____

FAID # _____ Fiscal Authority _____

Alias # _____ Accession # _____

SUBMISSION INFORMATION

TOTAL NUMBER SAMPLES SUBMITTED _____ TYPE OF SAMPLE: ☐ CASSETTE ☐ BLOCK ☐ SLIDE

SAMPLE IDs: Write below, attach, or email list of tissue IDs to IPC@ohsu.edu

PROCESSING ☐ NO PROCESSING

Total Number of Cassettes _____

METHOD OF FIXATION (WE STRONGLY RECOMMEND KEEPING TISSUES IN ETHANOL AFTER FIXATION FOR LESS THAN 5 DAYS BEFORE SUBMISSION FOR PROCESSING!)

Initial Fixative _____ Duration (time) _____

Current Fixative _____ Duration (time) _____

PROCESSING TYPE

☐ IPC Processing (90 min per station) ☐ IPC Processing (30 min per station) ☐ None

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EMBEDDING

☐ No EMBEDDING

EMBEDDING INSTRUCTIONS

☐ Routine ("as is" in cassette) ☐ On Edge ☐ Cross Section (tube structure)

Other (*diagram*) _____

SECTIONING

☐ No SECTIONING

Total Number of Slides _____ Number of slides/block _____
(Attach or email list to IPC@ohsu.edu)

SECTIONING

☐ Standard – 5µm thick & 1 section/slide ☐ Serial (sections in sequential order)
or
☐ _____ µm thick & _____ section/slide ☐ Step – _____ µm between sections

STAINING

☐ No STAINING / ALL UNSTAINED

STAINING

☐ H&E ☐ Special Histological Stain ☐ IHC ☐ ISH
Slide(s) _____ Slide(s) _____ Slide(s) _____ Slide(s) _____

IHC (*antibody provided* ☐ Y ☐ N) _____ ISH (*probe provided* ☐ Y ☐ N) _____

Special Histological Stains (*list*) _____ Will be scanned on the AT2 ☐

PLEASE SIGN AND DATE WHEN PICKING UP SAMPLES

SIGNATURE _____

PICK UP DATE _____

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