

# HISTOPATHOLOGY LAB SUBMISSION FORM

**EYE**      **THERIO**      **SKIN**      Species: \_\_\_\_\_ Path #: \_\_\_\_\_  
**FIXATION**      # OF CASSETTES      Patient Number: \_\_\_\_\_ Date: \_\_\_\_\_  
 10% NBF \_\_\_\_\_ FAS Number: \_\_\_\_\_ Resident: \_\_\_\_\_  
 OTHER \_\_\_\_\_ Accountant: \_\_\_\_\_ Pathologist: \_\_\_\_\_  
 DECAL \_\_\_\_\_  
 Is this an additional submission of tissue?      **Surgical**      **Necropsy**      Clinician/Principle Investigator: \_\_\_\_\_  
**YES**      **NO**      **Research**      **Teaching**

Path Number and block numbers	Unst	H&E	GMS	Gram	Giemsa	AFB	Fite's	W-S	Iron	Cu	Schm	Bile	VK	Congo Red	PAS	Tol Blue ↑	Tol Blue ↓	PTAH	Tri	Alc Blue	Su Red	Other	

**IMMUNOCHISTOCHEMISTRY**

Path Number	Antibody

**SPECIAL INSTRUCTIONS**

\_\_\_\_\_

\_\_\_\_\_

**FOR HISTO USE ONLY**

Technician: \_\_\_\_\_

Number Blocks/Slides: \_\_\_\_\_

Date Complete: \_\_\_\_\_