

| | | | |
|-------------------|--|-------------------|--|
| REQUESTOR | | COLLEGE/DEPT | |
| EMAIL | | CAMPUS BOX | |
| ADVISOR / PI NAME | | BILL TO PROJECT # | |
| ADVISOR /PI EMAIL | | ACCOUNTANT | |

SPECIES of TISSUE SUBMITTED: _____**FIXATION & PROCESSING**

COLLECTION DATE: _____

FIXATIVE: 10% NBF

OTHER: _____

CURRENT SOLUTION: 10% NBF

70% ETOH

OTHER: _____

CIRCLE ONE: tissue

cassettes

blocks

total count: _____

Histology Use Only (shaded areas), review with client

REQUIRES DECALCIFICATION? _____

PREVIOUSLY DECALED? _____

(solution & duration:) _____

CORRECTLY LABELLED? _____

REQUIRES TRIMMING? _____

Total # of cassettes trimmed _____

EMBEDDING & MICROTOMY EMBED ONLY -

Total number of blocks embed only _____

Tissue Orientation/Structures of Interest: _____**Sectioning**

_____ # slides per sample

 Routine (1 section per slide @ 5µm) Step Sections** - 2 or more sections per slide, taken at a known interval apart

**additional charges apply

specify distance between steps: _____ µm

 Serial Sections** - 2 or more sections per slide, taken sequentially. Please describe in detail below.**STAINING** Unstained sections on charged slides: _____ # sections per slide _____ # slides per sample Routine Hematoxylin and Eosin

Total # of H&E slides _____

Total # of unstained slides _____

Special Stain (specify below, enter # per sample):

| | | | | |
|-----------------|-------------|-----------|------------|-----------------------------------|
| Toluidine blue | Mucicarmine | AFB | Copper | Total # of Special Stain slides = |
| low pH tol blue | PAS | Fite's | Sirius red | |
| Trichr (Gom.) | GMS | Giemsa | Retic | |
| VVG | Von Kossa | Gram | Iron | |
| Alcian blue | Congo red | Warthin-S | Schmorl | |
| AB-PAS | PTAH | Bile | other: | |
| | | | | |

Immunohistochemistry (specify below, enter # of slides per sample)

| | | | | |
|-------------|-----------|----------|--------|-------------------------|
| BRDU | CD31 | Vimentin | MelanA | Total # of IHC slides = |
| PCNA | SMA | (pan)CK | PNL2 | |
| Ki67 | FactorVII | CK7 | S100 | |
| C.Caspase 3 | Ecadherin | CK19 | other: | |
| GFAP | HPV | HepPar1 | | |
| | | | | |

Description of Request-include any limits to charges (Dollar amounts/grant expiry date)

Technician Initials/Date Complete: _____

Changes from estimate given: _____

Effective May 1, 2018 the College of Veterinary Medicine will utilize the Interdepartmental Billing to streamline the billing and payment process for services provided. Charges will directly post to the project ID provided by the PI or other authorized personnel utilizing our services and will be reflected in Wolfpack Reporting System (WRS) the next business day. It is extremely important that you sign off for the work on the Estimate calculator and provide a correct project ID.