



OHSC Service Request Form

OHSC: P2F1

Complete form – Scan and return to ortho-OHSC@uiowa.edu

Requester details:

Date: _____

Name/Title:	
Organization:	
Address:	
Contact Number/Email:	
*Study Name/ID #:	
Billing Account #/MFK:	

**Please attach a copy of the Histopathology portion of your Study/Project Protocol.*

Model: Mouse Rat Rabbit Ruminant Swine Other _____

Number of Samples: _____ **Sample Type:** _____

End of In-life Date: _____

(if multiple stages, list each date and number of animals/date. Each stage should be brought to the OHSC independently within 24 hours of collection.)

Tissues Harvested: (list specific tissue, and region of interest. If sending prepared blocks or slides, please list as "Other".)

Location:

- Bone: _____
- Tendon: _____
- Muscle: _____
- Nerve: _____
- Spine: _____
- Other: _____

- Right/Left/Both
- Right/Left/Both
- Right/Left/Both
- Right/Left/Both
- Right/Left/Both
- Right/Left/Both

Tissue Collection Containers: (OHSC may provide specimen and chemical labels as well as individually labeled cassettes/bags/tubes for certain specimens, i.e. nerve, muscle, small joints. We will prep these items for pick up prior to your sac date.)

- Chemical labels
- Specimen labels
- Individual Tissue Cassettes
- Individual Tissue Bags
- Individual Tissue Tubes

Fixative: _____ **Embedding:** Paraffin Plastic

Tissue:	Decalcification:	Sectioning:	Staining	Immunohistochemistry
	<input type="checkbox"/> Yes <input type="checkbox"/> No Possible IHC: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Levels/Block: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Other _____ Number of Sections/Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Other _____ <input type="checkbox"/> Unstained x _____/level	<input type="checkbox"/> H&E <input type="checkbox"/> PAS <input type="checkbox"/> Safranin O <input type="checkbox"/> Toluidine Blue <input type="checkbox"/> Trichrome <input type="checkbox"/> Von Kossa <input type="checkbox"/> Other: _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

Digital Photography: Micro/Macro Photograph Annotated Photograph Whole Slide Scanning: 40x 20x

Priority: Routine Rush **Completion Deadline:** _____

Consultation Request (check box and we will set up a telephone consultation to review your project needs)

For any questions regarding completion of this form please contact OHSC at 319.353.1800

Upon receipt of this completed form a formal quote will be sent for approval, once a signed quote is received by OHSC, study set up will begin including prelim paperwork and requested collection containers. All specimens/containers/paperwork will remain together and be available at designated pickup location, OHSC Rm 126B. *Rec BY OHSC:* _____



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