



OHSC Study Chain of Custody Form

OHSC: P2F2

Completed form must accompany specimens delivered to the OHSC.

PI Name	
Phone Number/Email	
Study/Project ID#/Name	
*OHSC ID#	

Sample ID	Fixative/Start Date & Time ¹	Special Comments	*Completed Blocks	*Completed Slides
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
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21				
22				
23				
24				
25				
26				
27				
28				
29				
30				

¹ If samples are not wet tissue - list type of block (paraffin, MMA, etc. or unstained paraffin/plastic/frozen section slide)

*Samples Received by: _____ Date: _____

*Total # Blocks Returned: _____ By: _____ Date: _____

*Total # Slides Returned: _____ By: _____ Date: _____

*Study Forms Returned: _____ By: _____ Date: _____

Blocks/Slides/Forms Received By: _____ Date: _____

Please sign and date upon receipt of completed study materials and send an electronic copy of this form to: ortho-OHSC@uiowa.edu.

*Completed by OHSC staff