

Lab Office Use Only:

Apply label here

Date Received: _____

Accessioned Initials: _____

Histology Submission Form

Submitted by: _____

P.I. _____

Department: _____

Telephone # (Daytime): _____

Email address: _____

Preferred Method of Contact: Phone Email

KFS # or PO # _____ or Other Payment methods: Check Credit Card

PO Contact Information:

Name: _____ Preferred Contact Method: Phone Email

Phone # or Email Address: _____

Submission Requirements:

1. DO fill out the submission form completely.
2. DO NOT submit samples in glass or non-leak proof containers.
3. DO submit fixed tissue cassettes in 10% NBF or 70% Alcohol.
4. DO label cassettes with pencil (DO NOT label with ink pen or marker).
5. DO provide slide folders or slide boxes for completed slides.
6. DO NOT hesitate to contact us with any questions or concerns: 860-486-3740

Submission forms available online at www.cvmdl.uconn.edu

Write in Total Number of Samples Submitted (All Types): _____ (Details on reverse)

Fixed Tissue(s) _____ Paraffin Block(s) _____ Glass Slide(s) _____ Fresh/Frozen Tissue(s) _____

Special Embedding Instructions: _____

I want to embed my own samples. Contact me at _____

I want to be present when my samples are embedded. Contact me at _____

Notes/Additional Instruction: _____

Lab Office Use Only:

Date work completed: _____ Notification Made: Date & Time: _____

Copy Made Initial: _____ By Phone By Email Other _____ Initials: _____

Notes: _____

Entered In LIMS Communication Initial: _____

Accession # _____

Apply label here

	Sample ID	Species	Procedure, Test, and/or Stain Requested	Additional Information
#1				
#2				
#3				
#4				
#5				
#6				
#7				
#8				
#9				
#10				
#11				
#12				
#13				
#14				
#15				
#16				
#17				
#18				
#19				
#20				