

**Histology Submission Form**

Submitted by: \_\_\_\_\_

P.I. \_\_\_\_\_

Department: \_\_\_\_\_

KFS # \_\_\_\_\_ or \_\_\_\_\_

Other Payment methods: Check  Credit Card   
Amount Received \$ \_\_\_\_\_

Preferred Method of Contact:  Phone # \_\_\_\_\_  Email \_\_\_\_\_  
 Other \_\_\_\_\_

*Apply barcode  
label here*

Accession #  
\_\_\_\_\_

Date Received:  
\_\_\_\_\_

CVMDL Initials :  
\_\_\_\_\_

**Total Number of Samples Submitted:** \_\_\_\_\_

Fixed Tissue(s) \_\_\_\_\_  Paraffin Block(s) \_\_\_\_\_  Glass Slide(s) \_\_\_\_\_  Fresh or Frozen Tissue(s) \_\_\_\_\_

	Sample ID	Species	Tests/Stains	Comments
#1				
#2				
#3				
#4				
#5				
#6				
#7				
#8				
#9				
#10				

Additional sample submission space available on page 2

**Embedding Instructions:** \_\_\_\_\_

I want to embed my own samples . Contact me at \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_  
\_\_\_\_\_

**Date work completed:** \_\_\_\_\_ **Notification Made:** Date & Time: \_\_\_\_\_

By Phone  By Email  Other \_\_\_\_\_ Initials \_\_\_\_\_

Accession # \_\_\_\_\_

*Apply barcode*

*label here*

	<b>Sample ID</b>	<b>Species</b>	<b>Tests/Stains</b>	<b>Comments</b>
#11				
#12				
#13				
#14				
#15				
#16				
#17				
#18				
#19				
#20				
#21				
#22				
#23				
#24				
#25				
#26				
#27				
#28				
#29				
#30				
#31				