**Histology services request form**

Accession # **HP0**

Date:

Submitted by: **Procedure**

Email: Phone#

PI: Speedcode:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sample #** | **Sample ID** | **Path # \*** | **Genotype** | **Infectious agent** |  |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |
| 16 |  |  |  |  |  |
| 17 |  |  |  |  |  |
| 18 |  |  |  |  |  |
| **Positive** |  |  |  |  |  |
| **No AB control** |  |  |  |  |  |
| **Total:** | | | | | |
| **Comment:** | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |

-Scan with nanozoomer Yes No

-Make pictures of fluorescent staining with microscope Yes No

-Make powerpoint presentation Yes No

(Please specify brain regions, magnification)

-sections: return to investigator Stored in Histolab

\* MANDATORY FIELD go to histopathology database, username:histo; password: histo

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*Laboratory use only*

*Request received: Date Initials*

*Request completed: Date Initials*

|  |  |  |  |
| --- | --- | --- | --- |
|  | *Cost* | *Comment* | *Total* |
| *Sample #* |  |  |  |
| *Antibody* |  |  |  |
| *Nanozoomer* |  |  |  |
| *Powerpoint* |  |  |  |
| *Total* |  |  |  |