**Embedding services request form**

 Accession # HPE000

Date:

Submitted by \*:

Email: Phone#

PI \*: Speedcode \*:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sample # | SampleID \* | Animal type \* | Tissue type \* | Fixation \* | Orientation \* | Infectious agent\* |
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\* MANDATORY FIELD

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*Laboratory use only*

*Request received: Date Initials*

*Request completed: Date Initials*

|  |  |  |  |
| --- | --- | --- | --- |
| *Total (sample #)* | *Block #* | *Cost* | *Comment* |
|  |  |  |  |
| *Total price* |  |  |  |