Histology Service Form

Investigator Contact Information

Investigator: ___________________________ Lab Contact: ___________________________

Phone: ___________________________ Email: ___________________________

General Sample Information

Total # Specimens: ___________________________ Species: ___________________________

Fixative: ___________________________ Section Thickness: ___________________________

Biohazard [ ] Yes [ ] No If Yes, explain: ___________________________

Other Comments: ___________________________

Billing Information

Organization: ___________________________ /Fund: ___________________________

Contact information for person responsible for this account

Name: ___________________________ Phone: ___________________________

Email: ___________________________

Investigator Signature: ___________________________

Note: By your signature, you are committing the above account to pay for services rendered according to Histology Service Fee Schedule attached to this form.

Histology Service Use Only

Date Samples Received: ___________________________ Basic Service (Prepare 1 block, cut and stain 1 section) # ___ x $ 10.00 = $ ___

Date of Consultation: ___________________________ Optional Services

Date Services Completed: ___________________________ Process and embed only (Prepare tissue and block only) # ___ x $ 4.00 = $ ___

Dated Slides Delivered: ___________________________ Embed only (re-embed previously prepared tissue) # ___ x $ 3.00 = $ ___

Invoice Sent: ___________________________ Decalcification (Bone) # ___ x $ 3.00 = $ ___

Payment Received: ___________________________ Additional slides (unstained) from a prepared block # ___ x $ 2.00 = $ ___

(Periodic Acid Schiff (PAS), Masson’s Trichrome, Luxol, Other) # ___ x $ 3.00 = $ ___

Total = $ ___

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