

TISSUE PROCESSING SHEET
PARAFFIN SAMPLES

HISTOLOGY CORE FACILITY
DANA 812

Principal Investigator _____ Requesters Name _____
Hospital _____ Phone# _____
Room # _____ Email _____

Grant# (Internal ONLY) _____ **PO# (External customers)** _____

Fixative used: 10% Formalin PFA Other _____
Date tissue placed in fixative: _____ Tissue currently in: _____
Tissue submitted: Tissue Cassetted Tissue Paraffin Block

******If submitting tissue already in cassettes, PLEASE USE PENCIL to label. Most markers wash off in Alcohol and Xylene. The Histology Core Facility is NOT responsible for washed off or missing labels.**

| | TISSUE TYPE | H & E | BLANK | OTHER | BILLING | PRICE |
|---|-------------|-------|-------|-------|---------|-------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |

Total Due:

COMMENTS / SPECIAL INSTRUCTIONS (Please use reverse side for additional comment, pictures or instructions).

******Please note: The Histology Core Facility does not store blocks, slides or excess tissue. Please pick up all items in a timely manner once you have been notified that your project is complete. Work is completed on a first come first served basis. We do not offer expedited services.**

Date received in core _____