

Accession Number: \_\_\_\_\_

<b>Today's Date</b>	<b>Regular</b> (1-4 weeks dependent on project size)	<b>Study Name</b>
	<b>Rush *Fee Applies*</b> (1-2 weeks dependent on project size)	<b>Duke IRB#</b> (Required if cutting patient blocks):
	*If requesting project completion outside of the indicated time, a fee will be applied to accommodate your request.	<b>Fund Code</b> <b>PI Name</b>

<b>Requestor Name</b>	<b>Requestor Dept.</b>	<b>Tissue Origin</b> (Human, other, etc.)	<b>Tissue Type</b> (muscle, brain, liver, etc.)
<b>Requestor Phone</b>	<b>Requestor email</b>	<b>Specimen Type</b>	
By submitting this form, you are acknowledging that you are authorized by the PI of this trial to request materials and/or services.		Fresh Tissue      Slides	None              OCT
		Frozen Tissue      Blocks	Formalin          70% ETOH
Date picked up:                      Signature:		Fixed Tissue      Other: _____	Paraffin          Other: _____
Your order will not be processed until the applicable fields are filled out, and a sample manifest is submitted. Please ensure contact information is correct prior to submitting so we may contact you for inquiries.			

**Choose one:**

I will be selecting and submitting specimens for my project.

I will be requiring that the Research Histology Lab staff order blocks/slides from Duke archives for my project.  
*\*A manifest must be submitted in addition to this form in order for your project to be processed\**

Materials and/or service requested. Please check all that apply. If requesting special stains/IHC, please refer to our menu for a full list of stains offered and indicate below.

<b># of specimens:</b> _____	<b>Embed Only</b>	<b>Molecular Precautions</b>	<b>Special Instructions:</b>
<b>Unstained slides per block:</b>	<b>H&amp;E stained slides per block:</b>	<b>Cores per block:</b>	
Count: _____	Count: _____	Count: _____	
Thickness: _____µm	Thickness: _____µm	Diameter _____ mm	Embed in block
<b>Tubes/scrolls per block:</b>	<b>Special Stains/IHC per block</b> Requested (List Below):	Keep in tube	
Count: _____			
Thickness: _____µm	Count: _____		
	Thickness: _____ µm		

<b>PATHOLOGY USE ONLY</b> Archival Charges: yes/no Billing Notes if needed:	<b>PATHOLOGY USE ONLY: Quality Assurance</b>	
	1 <sup>st</sup> approval _____ (sign/date)	
<b>Total Cost:</b> <b>Invoice #:</b>	2 <sup>nd</sup> approval _____ (sign/date)	
	Pathologist Approval (if needed) _____ (sign/date)	
	<b>PATHOLOGY USE ONLY</b> Notes:	<b>Contact Information</b> path-RHL@duke.edu 919-684-6209 Aubrey Schild Duke South Green Zone Room 307 919-681-6042