



RHS ORDER FORM
 Transplant Surgery Experimental Pathology Laboratory
RESEARCH HISTOLOGY SERVICES
 E1515 Thomas E. Starzl Biomedical Science Tower
 Phone: (412)624-6603
 Email: RHSLab@pitt.edu



Requestor / Billing Information

Submitted by: _____
 Main Investigator (PI): _____
 Department: _____
 Email/Phone: _____

Billing Contact: _____
 Billing Address: _____

 Account#: _____

Specimen Information

Species: _____
 Tissue Type: _____
 Infectious: YES NO
 If yes: _____

Fixative Used: _____
 Duration of Fixation: _____
 Total Specimens: _____
 Fixed _____ Paraffin Blocks _____
 Frozen _____ Glass Slides _____
 Fresh _____

Order Information

Processing & Paraffin Embedding
 # H&E Slides Per Block _____
 _____ # Sections per slide (H&E)
 # Unstained Slides Per Block _____
 _____ # Sections per slide (unstained)

Frozen Embedding
 Special Stains / Antibodies
 1) _____ 4) _____
 2) _____ 5) _____
 3) _____ 6) _____

Additional Services / Instructions*: _____
 (Antigen retrieval, tissue grossing, etc..)

For Lab Use Only

	Number	Date	Tech	Stain/Antibody	Number	Date	Tech
Accessioned:	_____	_____	_____	1)	_____	_____	_____
Processed I / II:	_____	_____	_____	2)	_____	_____	_____
Embedding I/II:	_____	_____	_____	3)	_____	_____	_____
Single Section Slide PF/FZ:	_____	_____	_____	4)	_____	_____	_____
Additional Sections PF/FZ:	_____	_____	_____	5)	_____	_____	_____
Decalcification:	_____	_____	_____	6)	_____	_____	_____

Date job completed & emailed _____

*May be subject to additional fees if necessary

Specimen Identification Form

Sample Number	Identification	Sample Number	Identification
1		31	
2		32	
3		33	
4		34	
5		35	
6		36	
7		37	
8		38	
9		39	
10		40	
11		41	
12		42	
13		43	
14		44	
15		45	
16		46	
17		47	
18		48	
19		49	
20		50	
21		51	
22		52	
23		53	
24		54	
25		55	
26		56	
27		57	
28		58	
29		59	
30		60	

Please write **neatly** and choose a simple sample identification
Be sure to match the sample number to your test tubes and or cassettes

Date job completed & emailed _____