

CMMC HISTOLOGY SERVICE SUBMISSION FORM

Date _____ Charge/Index Code _____

PI _____ Dept _____

Person submitting samples _____

Email _____ Phone # _____

SAMPLE FORMAT SUBMITTED *please email excel file listing sample ID# and organ to masseymouse@vcu.edu*

(save the excel file using the following format, PI last name and order date, example: Koblinski 02052018)

_____ # of Tissues: Fix Date _____ Fixative _____ delivered in cassette

_____ # of Paraffin blocks submitted

_____ # of Slides submitted

Species and Tissue: _____

SERVICE REQUEST

_____ # of tissues to process and paraffin embed

Specific orientation request: YES NO *(if yes, explain in comments area on back)*

_____ # of unstained slides/sample *(including any for **CMMC STAINING REQUEST**)*

_____ # of sections per slide (additional charge for greater than 2 sections/slide)

CMMC STAINING REQUEST

_____ # of H&E slides /sample

_____ # of IHC slides/sample _____ # of IF slides/sample

Antibody _____

CMMC VECTRA POLARIS IMAGING *please fill-in the # of slides for scanning preference and pick magnification*

_____ # Brightfield (IHC/H&E/special stains) _____ # Fluorescent

_____ # Fluorescent with spectral unmixing Fluorophores _____

20X **40x** Quantification: YES NO _____ # MSI (Multispectral Imaging)

Comments/Detailed Instructions

-----**Core use only:**-----

Description	# per ord
Tissue Test Samples	
Specialized Grossing , embedding, or sectioning \$40/hr	
Fixation Solution, 50ml	
purchase cassette	
std grossing \$0.90/ sample	
Slide Storage Boxes	
Blades	
Box of positive charged slides	
Primary Ab core	customer
Secondary Ab core	customer
Excel for samples submitted?	