

## STTARR Innovation Centre Pathology Core Sample drop off form

Principle Investigator: \_\_\_\_\_

User name: \_\_\_\_\_

Contact (phone # or email): \_\_\_\_\_

FCC number (needed only if you have a specific # for this request): \_\_\_\_\_

*Request number (Staff use only):*

H \_\_\_\_\_ PPMS: \_\_\_\_\_

### **Sample Information:**

Number of sample submitted: \_\_\_\_\_

(fixed tissue/frozen tissue/cells/FFPE block/slides)

Type of tissue: \_\_\_\_\_

Species: \_\_\_\_\_

Fixation start date: \_\_\_\_\_

Sample receiving date at STTARR: (**Staff field**) \_\_\_\_\_

### **Please check on the histology services that you require for this request:**

**Tissue processing & paraffin embedding** (Please specify orientation below if required)

**Microtomy:** Thickness (routinely 4um); if other: \_\_\_\_\_ um;

Unstained: \_\_\_\_\_ slide/block; if extra section per slide \_\_\_\_\_ section/slide

Serial section: \_\_\_\_\_ serial slide / block

### **Staining:**

H&E  Special stain: \_\_\_\_\_

Immunohistochemistry: \_\_\_\_\_

**Space below: Other specific instruction, attach sample list, tissue orientation:**