Johns Hopkins All Children's





Date Submitted: Date Required:						Investigator:				PI Cost Center:			_
Requestor: Telephone:					Email:				IO #:				
Type O Human O Animal:_			o Ani	mal:	Specimen	o Ti	o Tissue o Fluid			TBDRC Accession #			
o Fresh o Frozen		o OCT Frozen	o Fixative	o RPMI		o Pai	affin Bl	ocks	o Slides				
Fixative 0 10% NB Formalin			Formalin	o Decal	o Immunocal	o Other:							
	Subject/Specimen				Stain/Procedure (#)			‡)	#	Slide Type (✔)			
	ID			Site	Block/Part	H&E		Special HC Stains	IHC	μ Thick- ness	Regular	+	Other
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
Spe	cial Instructio	ns:											
LAB USE ONLY													
Received:0		OCT	Blocks:	Cassettes:		Grossed:			Embedded:				
Sectioned: Block 0			Block	Check:	QC Check:								
Date Completed:Billed:_			Billed	:	Date Investigator Emailed/Called:								