

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

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

<b>Requestor Name</b>	<b>Requestor Dept.</b>	<b>Tissue Origin (Human, other, etc.)</b>	<b>Tissue Type (muscle, brain, liver, etc.)</b>
<b>Requestor Phone</b>	<b>Requestor email</b>	<b>Specimen Type</b> <input type="checkbox"/> Fresh Tissue <input type="checkbox"/> Slides <input type="checkbox"/> Frozen Tissue <input type="checkbox"/> Blocks <input type="checkbox"/> Fixed Tissue    Other: _____	
By submitting this form, you are acknowledging that you are authorized by the PI of this trial to request materials and/or services.		<b>Specimen Media</b> <input type="checkbox"/> None <input type="checkbox"/> OCT <input type="checkbox"/> Formalin <input type="checkbox"/> 70% ETOH <input type="checkbox"/> Paraffin    Other: _____	
<b>Date picked up:</b>	<b>Signature:</b>	<i>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.</i>	

**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.**

# of specimens: \_\_\_\_\_     Embed Only     Molecular Precautions    **Special Instructions:**

**Unstained slides per block:**     **H&E stained slides per block:**     **Cores per block:**

Count: \_\_\_\_\_    Count: \_\_\_\_\_    Count: \_\_\_\_\_

Thickness: \_\_\_\_\_µm    Thickness: \_\_\_\_\_µm    Diameter \_\_\_\_\_ mm

**Tubes/scrolls per block:**     **Special Stains/IHC per block Requested (List Below):**     Embed in block

Count: \_\_\_\_\_    Count: \_\_\_\_\_     Keep in tube

Thickness: \_\_\_\_\_µm    Thickness: \_\_\_\_\_µm

<b>PATHOLOGY USE ONLY</b> Archival Charges: yes/no Billing Notes if needed:   <b>Total Cost:</b>  <b>Invoice #:</b>	<b>PATHOLOGY USE ONLY: Quality Assurance</b> 1 <sup>st</sup> approval _____ (sign/date) 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  Duke South Green Zone Room 307 919-681-6042