Research Histology Project Submission Form

Accession Number: _____________

Today's Date
- Regular (1-4 weeks dependent on project size)
- 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.

Duke IRB# (Required if cutting patient blocks):

Study Name

Fund Code

PI Name

Tissue Origin (Human, other, etc.):
- Human
- Other

Tissue Type (muscle, brain, liver, etc.):
- Fresh Tissue
- Frozen Tissue
- Fixed Tissue

Specimen Media
- None
- OCT
- Formalin
- 70% ETOH
- Paraffin

Requestor Name

Requestor Dept.

Requestor Phone

Requestor email

By submitting this form, you are acknowledging that you are authorized by the PI of this trial to request materials and/or services.

Date picked up:

Signature:

Note: 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.

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

- Unstained slides per block:
  - Count: _____
  - Thickness: _____ μm

- H&E stained slides per block:
  - Count: _____
  - Thickness: _____ μm

- Cores per block:
  - Count: _____
  - Diameter: _____ mm
  - Embed in block
  - Keep in tube

- Tubes/scrolls per block:
  - Count: _____
  - Thickness: _____ μm

- Special Stains/IHC per block Requested (List Below):
  - Count: _____
  - Thickness: _____ μm

PATHOLOGY USE ONLY: Quality Assurance

1st approval ___________________________________________ (sign/date)

2nd approval ___________________________________________ (sign/date)

Pathologist Approval (if needed) ___________________________________________ (sign/date)

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Contact Information
path-RHL@duke.edu
919-684-6209

Duke South Green Zone
Room 307
919-681-6042