Comparative Pathology Laboratory
UAB Animal Resources Program

RESEARCH HISTOLOGY REQUEST

Accession number: _____ (CPL use)
Account No.*: _____

Contact person*: _____
Investigator*: _____

Phone or e-mail*: _____
Department: _____

Date: _____
***REQUIRED**

Specimen/cassette/block ID number	Type of tissue	Procedure requested

Please answer the questions that pertain to the Specimen you are submitting.

What fixative was used? _____

How long was tissue in fixative? _____

What solution is tissue in now? _____

Do you want your container back?
(please label with name and phone #) _____

For unstained sections- oven or air dry? _____

Slide box provided?
(please label with name and phone #) _____