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 ID	Type of tissue	Procedure requested

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

Potential pathogens the samples may contain:	
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 #)	