FOR OFFICE USE ONLY
Accession #: _____

University of Delaware Comparative Pathology Laboratory
Research Study Accession Form

Please complete all relevant fields. This form continues on the back.

Client Information

Submitter name: _____
Lab/organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone number: _____
Email address: _____

Affiliation (Please select one)

☐ UD/affiliate lab —— *Purpose Code:* _____ *PI signature:* _____
☐ Out-of-network (additional fees apply), Charge to organization listed above.

Preferences

I prefer: ☐ Standard Service ☐ Rush/Priority Service (add'l fees apply)
Correspondence by: ☐ E-mail ☐ Campus/Postal mail

Specimen Information

Items submitted: ☐ Tissues in fixative ☐ Cassettes ☐ Blocks
☐ Glass slides ☐ Other: _____
Quantity submitted: _____
Type of fixative (if applicable): _____
Type of tissue (if applicable): _____

For animal tissues only:
Species: _____ Age (indicate hr/day/mo/yr): _____
Breed or strain: _____ Sex (if known): _____
Route of collection (surgical biopsy, necropsy, etc.): _____

Services Requested

Histology Services (Please select all that apply)
☐ None
☐ Process only (self-embed)
☐ Process and Embed (Block only)
☐ Process, Embed, Unstained slide (Block + slide)
☐ Process Embed, H&E slide (Block + stained slide)
☐ Decalcify bone or mineralized specimen
☐ Recut – Unstained slide Quantity: _____
☐ Recut – H&E slide Quantity: _____
☐ Special stain_____

Archival digital slide/s scanned at (objective):
☐ 20x ☐ 40x

Pathology Services (Please select all that apply)

- [ ] None
- [ ] Microscopic analysis & comprehensive report
- [ ] Digital analysis (measurements, etc.)
- [ ] Photography with description/annotation*

**Please indicate image preferences, i.e. file type (.jpg, .tif) and resolution:* _____

Special Requests for Histotechnician (Ex. Specific tissue orientation, serial sectioning, etc.):

Background Information for Pathologist

If <u>unblinded</u> study, please describe experimental design, clinical signs, and lesions observed or expected.

Provide basic information about experimental groups, # of animals, treatment course, known disease exposure, clinical signs and gross lesions, etc. Attach study protocols and other pages as needed.

If blinded study, what diseases, microscopic lesions, or measurement parameters are of interest/concern?

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Date received: _____ Completed _____ Billed _____ Returned _____

Surcharge (rush, out-of-network): _____ Condition of specimens received: _____

Quantity: ___ Blocks (NT/T) ___ unstained slides (NT/T) ___ H&E slides (NT/T) ___ Other: _____