



UCSF Neurosurgery Tissue Bank
Histology and Pathology Request Form

Request # _____

Speedtype or Chartstring: _____

Date: _____
 Requested by: _____
 Lab: _____

Phone: _____
 E-mail: _____

Sample ID <i>(List identifiers for all submitted tissue samples. For automated staining requests, please indicate whether samples are mouse or human.)</i>	Process Only (P) or Process & Embed (PE)	Formalin Fixed or Frozen/OCT	Number of sections for H&E <i>5µm unless noted otherwise</i>	Number of unstained sections <i>5µm unless noted otherwise</i>	Staining needed: IHC/IF/ RNAscope	Other instructions/Comments. List the staining assay needed. Please indicate a good POSITIVE and a NEGATIVE control <i>(if possible)</i> for assays on mouse tissues from your cohort.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
Total items produced						

Work completed by: _____ Date: _____
(Tissue Bank Personnel)

Completed work received by: _____ Date: _____
(Requestor)