

University of Delaware Comparative Pathology Laboratory

RESEARCH STUDY ACCESSION FORM

Please complete all relevant fields below. Form continues on back.

CLIENT INFORMATION

Submitter name: _____

Laboratory/organization: _____

Address: _____

Phone: _____

Email: _____

Please select one:

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

I prefer: Standard Service Rush/Priority Service (additional 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: _____

For animal tissues:

Please select one
Hr Day Mo Yr

Species: _____

Age: _____

Breed or Strain: _____

Sex (if known): _____

Route of collection (surgical biopsy, necropsy, etc.): _____

SERVICES REQUESTED (Please select all that apply)

Histology Services

- 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:

- 20x 40x objective

Pathology Services

- 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 unblinded 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?

FOR OFFICE USE ONLY

Date received: _____

Quantity: _____ blocks (NT / T)

Date completed: _____

_____ unstained slides (NT / T)

Date billed: _____

_____ H&E slides (NT / T)

Date returned: _____

_____ Other:

Surcharge (rush , out-of-network): _____

Condition of specimens received: