HTRC Histology Request Form
HUMAN TISSUE
*FOR CLINICAL TRIAL ELIGIBILITY SCREENING ONLY*

Date In: _______________   IRB #: _______________   FAS Account#: _______________   Job #: _______________

General Information:
P.I. ___________________________ Contact Person: ________________________  Project Name _____________________
Pager/Phone _______________ Email Address _______________________________ Department: ____________________

Specimen Information:
Tissue source & type: ___________________________ # of Cassettes: _______
Fixed Tissue _____ Frozen Tissue _____ Fixative: _______________

Special Instructions:
Thickness of Section: _______ [5um is standard]  Section Collection Method (serial or selective): _______________
Special Embedding /Orientation (if applicable): _______________________________________________________________
Special Stain (PAS, Trichrome, etc.): _____________________________________________________________________
DNA/RNA Extraction : ___________________________________________________________________________________

NOTE: Path Verification will be performed on all specimens, therefore a H&E slide must be ordered.*
No charge will be incurred if your study includes a collaborating pathologist (who is working directly with the PI and their protocol).

Name of Collaborating Pathologist : ________________________________________________________________

To be completed by HTRC personnel only:

<table>
<thead>
<tr>
<th>IRB:</th>
<th>Approved</th>
<th>Exempt</th>
<th>De-Identified: Yes</th>
<th>No</th>
<th>Approved By:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sectioned By:</td>
<td></td>
<td>Date:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Returned:</td>
<td></td>
<td># of Blocks</td>
<td></td>
<td># of Slides</td>
<td></td>
</tr>
<tr>
<td>Stain(s) Reviewed By:</td>
<td></td>
<td>Date:</td>
<td></td>
<td>Positive Control:</td>
<td>Negative Control:</td>
</tr>
<tr>
<td>Path Verified By:</td>
<td></td>
<td>Date:</td>
<td></td>
<td>Tumor Present:</td>
<td>1st Block</td>
</tr>
<tr>
<td>LabVantage Sample # or Surgical Pathology # for Diagnostic Blocks*:</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

LabVantage block to be released? (✓)

By submitting this form to the HTRC, you are declaring that the information provided is complete and correct; acknowledging that the PI has ultimate responsibility for the conduct of this study and the ethical performance of this project; and ensuring that this request is fully compliant with the IRB protocol number provided. The HTRC is not responsible for any protocol violations.

*PLEASE ATTACH THE CORRELATING SURGICAL PATHOLOGY REPORT!

Picked Up By : ___________________________ Date : ___________________________

NOTE: Please use the online PDF form for the most up-to-date version 2/8/2024. Submit completed form(s) to Histology@bsd.uchicago.edu or P-616.