

**University of Texas Medical Branch at Galveston  
Research Histopathology Core  
Service Request Form**

Date: \_\_\_\_\_

Department _____	ISC# _____	Account No. _____
PI (Print): _____	Submitted by: _____	Ext. _____
		email: _____
Type of fixative:		
<input type="checkbox"/> 10% N B formalin <input type="checkbox"/> None (fresh tissue) <input type="checkbox"/> Other--specify _____		
Date & time in fixative: _____		Species: _____

**Service Requested:** attach any specimen identification, specific instructions, data sheets, etc.

Project title: -- \_\_\_\_\_

Infectious Disease Related:            Yes                            No

Name of Infectious Agent: \_\_\_\_\_

Services	Quantity	Charge	Total	Comments
For RHC use only:				
<input type="checkbox"/> Paraffin embedding		\$3.00		
<input type="checkbox"/> Frozen Embedding		\$3.50		
<input type="checkbox"/> Paraffin Section		\$2.65		
Additional		\$1.50		
<input type="checkbox"/> Frozen Section		\$3.50		
Additional		\$2.50		
<input type="checkbox"/> Cytospin		\$8.00		
<input type="checkbox"/> H&E		\$2.50		
<input type="checkbox"/> Special Stain:    Group 1		\$5.00		
Group 2		\$7.50		
Group 3		\$12.00		
<input type="checkbox"/> Immunohistochemistry		\$12-\$15		
<input type="checkbox"/> IHC counterstain & coverslip/slide		\$1		
<input type="checkbox"/> IHC pre treatment up to 20 slides		\$30.00		
<input type="checkbox"/> Work-Up per antibody		\$150.00		
<input type="checkbox"/> Instrumentation Use:		\$10.00		
<input type="checkbox"/> Other				

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Estimated charge: \_\_\_\_\_

<i>For RHC use only:</i>	
Staff initials: _____	Total Charge: _____
Comments: _____	