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

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**Department________________________**  
**ISCC#________________________**  
**Account No.___________________**

**PI (Print):________________________**  
**Submitted by:________________________***  
**Ext.__________________**  
**email:________________**

**Type of fixative:**
- [ ] 10% N B formalin  
- [ ] None (fresh tissue)  
- [ ] Other--specify

**Date & time in fixative:**

**Species:**

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

**Project title:**

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**Infectious Disease Related:**
- [ ] Yes  
- [ ] No

**Name of Infectious Agent:**

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**Services** | **#** | **Charge** | **Total** | **Comments**
---|---|---|---|---
For RHC use only:  
( ) Paraffin embedding in cassette | | $5.00 |  |  |
( ) Paraffin embedding no cassette | | $6.50 |  |  |
( ) Frozen Embedding | | $4.55 |  |  |
( ) Paraffin Section | | $4.00 |  |  |
| Additional | | $2.50 |  |  |
( ) Frozen Section | | $4.55 |  |  |
| Additional | | $3.00 |  |  |
( ) Cytospin | | $10.00 |  |  |
( ) H&E | | $3.00 |  |  |
( ) Special Stain:  
| Group 1 | | $6.50 |  |  |
| Group 2 | | $9.50 |  |  |
| Group 3 | | $15.50 |  |  |
( ) Immunohistochemistry | | $20.00 |  |  |
( ) IHC Manual, per slide | | $28.00 |  |  |
( ) IHC , Pre-treatment per every 20 | Additional | $2.00 |  |  |
( ) In Situ Hybridization, per slide | | $40.00 |  |  |
( ) Work-Up per antibody | | $200.00 |  |  |
( ) Deparaffinization, up to 20 slides | | $20.00 |  |  |
( ) Instrumentation Use: | | $19.00 |  |  |
( ) Tunel, kit provided by investigator, per slide | | $28.00 |  |  |
( ) Well Slides, per slide | | $35.00 |  |  |

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**Received by:______________________________ Date: ____________  
Estimated charge:________________**

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**For RHC use only:**

**Staff initials:________________________**  
**Total Charge:________________***

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**Comments:**

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**KRE 12/14/2015**