



BIOPATHOLOGY

Cureline BioPathology
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HISTOLOGY REQUISITION FORM

Client Name: _____		Study Director: _____	Contact Person: _____
Study # _____		Phone: _____	Phone: _____
P.O. #: _____		Fax: _____	Fax: _____
		E-mail: _____	E-mail: _____
Regulated (GLP) <input type="checkbox"/> NO <input type="checkbox"/> YES **Protocol is Required for Regulated Studies**			
Total # Animals:	Species:	Expected Completion Date:	
Total # Specimens:	Transport Method: <input type="checkbox"/> Local Courier <input type="checkbox"/> Hand Carry Other: _____		
Provide a complete list of tissues to be processed by using the list below or attaching a detailed inventory.			
Tissues: <input type="checkbox"/> Trimmed <input type="checkbox"/> Untrimmed	In: <input type="checkbox"/> Jars <input type="checkbox"/> Cassettes	Fixative: <input type="checkbox"/> 10% Formalin Other: _____	
Process/Embed Tissue Only <input type="checkbox"/>	Slide(s) Requested:		
Biohazard: <input type="checkbox"/> NO <input type="checkbox"/> YES Explain if YES: _____	<input type="checkbox"/> Unstained, number of slides: _____ <input type="checkbox"/> H&E <input type="checkbox"/> Special Stain(s): _____		
Histopath Evaluation: <input type="checkbox"/> NO <input type="checkbox"/> YES (necropsy records and appropriate animal history must be submitted)			
Special Instructions: <input type="checkbox"/> NO <input type="checkbox"/> YES (attach detailed instructions or refer to protocol – see comments)			
Multiple timepoints in a study will be submitted: <input type="checkbox"/> NO <input type="checkbox"/> YES			
Total # of timepoints for this study: _____			
Number of timepoints being submitted this time: _____ (submitted) out of _____ (total)			
Desired labeling template for FFPE blocks:			
Desired labeling template for tissue slides:			
Client Signature: _____		Date: _____	

CBP Use Only CBP Project #

Received By: _____	Date: _____
Inventory Performed by: _____	Date: _____
Transferred to Histology: _____	Date: _____
Comments: _____	

Please list detailed description of all submitted specimens on the next page(s):



HISTOLOGY REQUISITION FORM

Client Name:	Study#:	P.O. #:
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Line #	Study	Specimen ID	Tissues type to Process	CBP Use Only							Comments
				J	T	V	B	CA	BL	SL	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
			(Sub) TOTAL								

J=Jar, T=Tube, V=vial, B=Bag, CA=Cassette, BL=Block, SL=Slides

CBP Use Only CBP Project #

Received By:	Date:
Inventory Performed by:	Date:
Transferred to Histology:	Date:
Comments:	

