



**Cureline BioPathology LLC**  
 150 N. Hill Drive, Suite 24,  
 Brisbane, CA 94005, USA  
 Tel: + 1.415.468.6400  
 Fax: +1.415.468.2248

## STANDARD HISTOLOGY PROJECT REQUEST

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



**Cureline BioPathology LLC**  
 150 N. Hill Drive, Suite 24,  
 Brisbane, CA 94005, USA  
 Tel: + 1.415.468.6400  
 Fax: +1.415.468.2248

**CBP USE ONLY**

Line #	Study	Specimen ID	Tissues type to Process	J	T	V	B	CA	BL	SL	Comments
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											

**CBP Project #** \_\_\_\_\_

<b>Received By:</b>	<b>Date:</b>
<b>Inventory Performed by:</b>	<b>Date:</b>
<b>Comments:</b>	