



Cureline BioPathology LLC
 150 N. Hill Drive, Suite 24,
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STANDARD HISTOLOGY PROJECT REQUEST

Client Name: _____ Study # _____ P.O. # _____ CBP # _____ Date Received _____	Study Director: _____ Phone: _____ Fax: _____ E-mail: _____	Contact Person: _____ Phone: _____ Fax: _____ 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:	
<i>**Provide a complete list of tissues to be processed by using the list below or attaching a detailed inventory.**</i>		
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"/> Re-Embed <input type="checkbox"/>		Slide(s) Requested: <input type="checkbox"/> Unstained, number of slides: _____ <input type="checkbox"/> H&E <input type="checkbox"/> Special Stain(s): _____
Biohazard: <input type="checkbox"/> NO <input type="checkbox"/> YES Explain if YES: _____		
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:



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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 # _____

Received By:	Date:
Inventory Performed by:	Date:
Comments:	