**Rangos Research Center**

**Histopathology Core Laboratory 3537**

**Work Request and Disclosure Form**

ALL work requests MUST complete this form

**CLIENT INFORMATION**

Name of Requestor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHP/UPMC network login ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lab Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Check: CHP/Peds Faculty  Pitt Faculty

UPMC Faculty  Other (specify)

**Cost Center Number** (indicate the complete number):

CHP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UPMC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pitt \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (If institutional Purchase Order, specify exact PO # and billing contact)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of work request**:

\_\_\_\_\_\_\_\_\_\_\_ # of specimens submitted

\_\_\_\_\_\_\_\_\_\_\_ Routine tissue processing only

\_\_\_\_\_\_\_\_\_\_\_ H&E (frozen or FFPE)

\_\_\_\_\_\_\_\_\_\_\_ Unstained blanks/ slides cut

\_\_\_\_\_\_\_\_\_\_\_ Special stains Stain(s) requested:

\_\_\_\_\_\_\_\_\_\_\_ IHC (immunohistochemistry) staining (antibody provided by researcher)

\_\_\_\_\_\_\_\_\_\_\_ Double label IHC staining

\_\_\_\_\_\_\_\_\_\_\_ Antibody work-up

**DISCLOSURE:**

Origin of samples:

**Species**:  Human  Mouse  Rat  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tissue type(s):**

**Embedding type: ** Paraffin  Frozen

**Fixation:**   Unfixed  Fixed

**Solution specimens received in:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Specimen ID:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

* **Please try to submit your specimens in the morning which may allow a faster turn-around-time. Thank you!**

**USER CERTIFICATION**

All information I indicated in this Work Request and Disclosure Form are true and correct.

I am a designated user of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Principal Investigator). The requested work here is part of my PI’s research program that I understand is compliant with University guidelines for the responsible conduct of research.

Printed Name of User: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of User/Requestor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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