

**Texas A&M Preclinical Phenotyping Core Laboratory
RESEARCH HISTOLOGY REQUEST – Tissue Processor**

Drop-off date : _____ Account # : _____

Contact person : _____ PI : _____

Phone # or e-mail : _____ Department : _____

# of Cassettes	Cassette ID(s)	Type of Tissue	Procedure Requested
			<input type="radio"/> 4 hours <input type="radio"/> 12 hours <input type="radio"/> 6 hours <input type="radio"/> Other: _____
			<input type="radio"/> 4 hours <input type="radio"/> 12 hours <input type="radio"/> 6 hours <input type="radio"/> Other: _____
			<input type="radio"/> 4 hours <input type="radio"/> 12 hours <input type="radio"/> 6 hours <input type="radio"/> Other: _____
			<input type="radio"/> 4 hours <input type="radio"/> 12 hours <input type="radio"/> 6 hours <input type="radio"/> Other: _____
			<input type="radio"/> 4 hours <input type="radio"/> 12 hours <input type="radio"/> 6 hours <input type="radio"/> Other: _____
			<input type="radio"/> 4 hours <input type="radio"/> 12 hours <input type="radio"/> 6 hours <input type="radio"/> Other: _____
			<input type="radio"/> 4 hours <input type="radio"/> 12 hours <input type="radio"/> 6 hours <input type="radio"/> Other: _____

Please answer the questions that pertain to the specimens you are submitting.

Potential pathogens the samples may contain: _____

What fixative was used? _____

How long was tissue in fixative? _____

What solution is tissue in now? _____

Do you want your container back? Yes No