



BIOPATHOLOGY

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HISTOLOGY REQUISITION FORM

Form with fields for Client Name, Study Director, Contact Person, Regulated (GLP), Total # Animals, Species, Expected Completion Date, Transport Method, Tissues, In: Jars/Cassettes, Fixative, Process/Embed Tissue Only, Biohazard, Histopath Evaluation, Special Instructions, Multiple timepoints, Desired labeling template, Client Signature, Date.

CBP Use Only CBP Project #

Form with fields for 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

<b>Client Name:</b>	<b>Study#:</b>	<b>P.O. #:</b>
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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											
			<b>(Sub) TOTAL</b>								

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

**CBP Use Only                  CBP Project #**

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

