



Cureline BioPathology
 1849 Bayshore Hwy, Ste 280
 Burlingame, CA 94010
 Phone (650) 692-6400
 Fax (650) 692-6484

HISTOLOGY REQUISITION FORM

Client Name: _____ Study # _____ P.O. #: _____	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: _____	
Provide a complete list of tissues to be processed by using the list below or attaching a detailed inventory.		
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"/>		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: _____

CBP Use Only CBP Project #

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):



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Client Name:	Study#:	P.O. #:
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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											
			(Sub) TOTAL								

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

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Inventory Performed by:	Date:
Transferred to Histology:	Date:
Comments:	

