

Accession No. _____

COMPARATIVE PATHOLOGY LABORATORY
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Madison, WI 53726-4087

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HISTOLOGY

Submission Date _____	Protocol number _____
Direct charge number required for billing: DEPT ID _____ FUND _____ PROGRAM CODE _____	
PROJECT _____ (if applicable)	
Internal Work Order Number: _____ (if applicable)	
Name of departmental billing officer (required) _____	Telephone _____
Lab Animal Veterinarian _____	Investigator _____ Department _____
Contact Person _____	Dept. Address _____
Telephone _____	Email _____ FAX _____
Species _____	

TISSUE SAMPLES:

PLEASE ATTACH LIST WITH SAMPLE NUMBERS

TISSUES SUBMITTED:

OF CASSETTES: _____

STAINING:

H&E: _____

OF UNSTAINED SLIDES: _____

OF SLIDES FOR IMMUNOS: _____

SPECIAL STAINS:

SPECIFIC SECTIONING & STAINING INSTRUCTIONS:

CHARGES: