

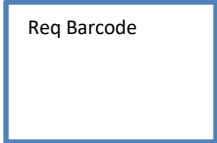


Pathology Core Facility
 Robert H. Lurie Comprehensive Cancer Center
 Northwestern University
 710 North Fairbanks Court
 Chicago, Illinois, 60611

SOP #: HIST 1.1.01 Attachment #1
 Implemented: 09/18/2017

Version 4.0
 Removed:

PCF LABORATORY SERVICES REQUEST FORM



Date: _____

NUcore Order#: _____ CSRC#: _____

Chart String/Protocol: _____

PI: _____ Phone #: _____

Requester: _____ Pager#: _____

Department: _____ Email: _____

.....

Tissue Type: _____ Species: _____

Type of Fixation: _____ How Long: _____

Tissue is submitted in: _____ Total # of specimens: _____

.....

SPECIMEN ID	SPECIMEN ID

PLEASE NOTE: A requisition with greater than 10 specimens requires a type-written list of specimen IDs.



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Histology Services

Embedding Instructions _____

Unstained Slides: _____ # H&E Slides: _____ Section Thickness: _____ μ

Slide Type: Charged (IHC) Salanized (ISH) Non-Charged (LCM)

Histochemical Stain Request: _____

Immunohistochemical Stain Request/Instructions: _____

Other Requests: _____

Internal Use Only: Do Not Write Below This Line

BSI Requisition #: _____

Processing Schedule: _____

Service	Date Received	Date Completed	Initials
Processing/Embedding			
Microtomy/Cryotomy			
Histochemical Staining			
IHC Staining			
Molecular Testing			
Scoring			

Completed Project Received by: _____ **Date:** _____



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Molecular Analysis

- DNA Extraction RNA Extraction LCM Other

PLEASE NOTE: Tissue submitted for extraction must be sectioned using sterile sectioning technique

Other Instructions: _____

Completed Project Received by: _____ Date: _____



Microscopy Analysis

- Digital Analysis Manual Evaluation
 Imaging QA/QC

Completed Project Received by: _____ Date: _____



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Other Instructions/Comments: