

HISTOLOGY LABORATORY

RESEARCH SAMPLE SUBMISSION FORM



**Wisconsin Veterinary
Diagnostic Laboratory**
UNIVERSITY OF WISCONSIN-MADISON

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BARRON
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Barron, WI 54812-0097
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FAX: (715) 449-5052



Submitter Name: _____

Principal Investigator: _____

Company/Institute and Dept: _____

Contact Phone Number: _____

Contact Email: _____

Species: _____ Date: _____

TYPE OF SAMPLE SUBMITTED (check all that apply):

Wet Tissue in jars (indicate Yes or No and provide species and fixation)

Tissue trimming needed? Y N

Type of fixation used: _____

Could this tissue require additional fixation time before processing? Y N

Decalcification needed? Y N

Wet tissue in cassettes

Paraffin Blocks

Slides

Total number of samples submitted: _____ (must fill out page 2 sample table)

Do you require WVDL pathologist evaluation? Y N

Please attach all supplemental documents to provide clear instructions/diagrams concerning:

Trimming instructions

Preference for tissue orientation on slide

Any special information about the tissue (autolyzed, gritty, tiny specimen, etc.)

Method by which you would like to receive completed histology case:

Pick up from WVDL

Mailing address:

For each sample ID, indicate the number of stained and unstained slides requested, charged or uncharged slides, number and thickness for scrolls. List the desired special stain for each Sample ID. Include in "other" information or "comments" that may guide WVDL to fulfill your request.

	Sample ID	H&E	Unstained (+ or -)	Special Stain (list type of stain)	Scrolls (#/μm)	Other/Comments
1						
2						
3						
5						
6						
7						
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27						
28						
29						
30						
31						
	Total for each:					