

# HISTOLOGY LABORATORY

## RESEARCH SAMPLE SUBMISSION FORM



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

**MADISON**  
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**BARRON**  
1521 E. Guy Ave.  
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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

Ship - Mailing address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Digital Slide Scanning (additional fees apply)

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						
4						
5						
6						
7						
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26						
27						
28						
29						
30						
	<b>Total for each:</b>					