For Pathology Use Only

Current IRB approval __
Current HIPAA approval __
Director Review (New projects)___

UNC ANATOMIC PATHOLOGY RESEARCH CORE LAB
REQUEST FOR SERVICES

Choose one: New Project Request _____ Additional Request on Previously Approved Project _____

Date: _____ Principle Investigator: _____

Department: _____ Phone: _____ E-mail_____

Study IRB# _____ IRB Expiration Date _____

Study Title: _____

_____

Contact Person: _____Phone: _____ E-mail_____

Billing Address with contact person or UNC account/Grant #: _____

_____

Services Requested:

☐ **Pull blocks only**

☐ **Microtoming (sections or scrolls):** Thickness: 5μm ___ 10μm ____ Other _____

Routine IHC, laser capture microdissection: _____

Probe-on-Plus slides (Capillary Gap Staining): _____

sample ID **	Block #	SPECIFIC REQUEST (I.E. 5 UNSTAINED SLIDES, OR 1 h&E, or 3 scrolls per tube)

** If more samples are requested, please submit second page of Request form.

☐ **Antibody work-up**: _____

☐ **Tissue Microarray:** Number of cores per TMA:_____ (Please submit separate list of blocks)

Specific IHC stains needed on TMA _____

Investigator Comments:

For Pathology Use Only
Request received by/date _____
Request received by Librarian _____
Blocks/Slides Received in lab _____
Request completed _____
Completed work received by secretary _____
Investigator notified _____
Materials released to investigator _____

Date: ___________________ Principle Investigator: ____

Study IRB# _________________________________ IRB Expiration Date _____________________________

sample ID	**slide/block #**	**comments**