

**CCP-HISTOPATHOLOGY  
HISTOPATHOLOGY SERVICES**

INTERNAL USE ONLY  
ORDER #

Name	Phone	Request Date
Account	E-mail	

**Select one option:**

- Comprehensive Histopathology Packages *proceed to section A*  
Other Services *proceed to section B*

**A. Comprehensive Histopathology Options**

Species	Strain	Sex	Number
Full necropsy with gross pathology report OR		Organ collection only	
Additional <sup>1</sup> organs/tissues ( <i>please specify</i> )			

Deliverables (*select one option*)

**B. Other Service Options**

Species	Strain	Sex	Number
Organ(s) of interest:			

**1. Necropsy options (*select one*)**

Fixation options (*select one*)  
Special instructions

**2. Sectioning options:**

Paraffin OR Cryosections  
Thickness - *select for standard* or *cryosections*  
Number of sections per block  
Orientation  
Special instructions

**3. Slide options (*select one*)**

Special instructions

**4. Staining options:**

Standard (H&E)

Special Stains – if selected, please indicate specific special stains below

Special instructions

Immunohistochemistry

Epitope

Label

Special instructions

In situ hybridization

RNA target

Label

Special instructions

**5. Slide scanning options:**

If slides are externally provided, indicate total number:

Number of fluorescent channels:

Special instructions (*also include name of stains, labels if externally provided*)

**6. Analytical services and reporting options:**

Special instructions

<sup>1</sup>organs already included in the comprehensive histopathology service are adrenal gland, heart, mammary gland (F), skin, thymus, brain, kidney, ovary (F), small intestine, thyroid, epididymus (M), large intestine, pancreas, spinal cord, trachea, esophagus, liver, prostate (M), spleen, urinary bladder, eye, lung, seminal vesicles (M), stomach, uterus (F), gall bladder, lymph node, skeletal muscle and testis (M)

INTERNAL USE ONLY	Acceptance date
	Name/Signature