

**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 ¹ 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

¹organs 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