



Stem Cell Unit,
Anatomy Department,
College of Medicine,
King Saud University

Histology
Service
Laboratory



Histology Service Request Form

Name: _____

Contact Info: Phone: _____ E-mail: _____

Laboratory PI and/or Institution Name: _____

Title of Project: _____

IRB Ethical Approval No. _____ Date: _____

Anesthesia / Animal Dissection / Surgical Intervention Required: Yes No

Sample Description / No.: _____

Sample Currently Stored in: _____ Time in Current Storage (hr). _____

Decalcification Required: Yes No Special instructions: _____

Processing Required: Paraffin Frozen Already Embedded

Embedding Orientation: _____

Description of Region of Interest: _____

Total # of Cassettes: _____

Cassettes ID (initials of investigator followed by specimen designation): _____

Sectioning Info: # unstained slides / block: _____ Regular Plus

Staining: # H&E slides / block: _____

Special Stain (indicate): _____

Special stained slides / block: _____

Immunostaining: Ab provided Staining Kit provided # Immunostained slides / block: _____

1ry Ab name: _____

Species of 1ry Ab: _____ Dilution of 1ry Ab: _____

Staining / special instructions: _____

Training Required: _____

Photography: # photos / slide: _____ Annotations: Yes No

Scanning: # slides to be scanned: _____ Magnification: 20x 40x

Image Analysis: # slides: _____ Analysis Required: _____

Estimated Total Fee: _____ Investigator's Signature: _____

Receiver's Signature: _____ Date Received: _____

Date Completed: _____