



**UAMS HISTOLOGY RESEARCH SERVICE CENTER
TISSUE WORK ORDER AND
INTERDEPARTMENTAL TRANSFER FORM**

Date of Request: _____

Requestor: _____

Phone #: _____

PI on Project: _____

PI's Department Name: _____

Mail Slot #: _____

Work to be charged to Account #: _____ (Please note, no work can begin without this account #).

MATERIAL SUBMITTED

Tissue Type: _____

Services Requested: _____

Number of Specimens: _____

Type of Specimen (blocks , slides, wet tissue etc.) _____

Fixative _____

Assurance Statement:

*The services requested are for research purposes only.
The cost of these services will not be billed to the patient or their health insurance.*

Signature: _____

Date: _____

Name (please print): _____

Date work Completed: _____

Histology Services Rendered:

QTY	Service	Unit Price	Total Price
	Process and embed* ◆ Slide unstained <input type="checkbox"/> Slide stained <input type="checkbox"/>	\$7.50	
	Slide from existing block ◆ Slide unstained <input type="checkbox"/> Slide stained <input type="checkbox"/>	\$5.00	
	Special Stains	\$13.00	
	Immunostain (IHC) single	\$13.00	
	Immunostain (IHC) double:	\$35.00	
	Consultation, hourly	\$53.00	
	Aperio Slidescanner (unit price is per slide)	\$5.00	
	Additional Supplies Requested:		
	* Includes one stained (H&E) or unstained slide at no extra charge.		
	TOTAL		