UCONN | COLLEGE OF AGRICULTURE, HEALTH AND NATURAL RESOURCES

PATHOBIOLOGY AND VETERINARY SCIENCE • CONNECTICUT VETERINARY MEDICAL DIAGNOSTIC LABORATORY

61 North Eagleville Road, Unit 3089, Storrs, CT 06269
Website: cvmdl.uconn.edu | **Telephone:** 860-486-3738 | **Email:** CVMDL.histology@uconn.edu

HISTOLOGY SUBMISSION FORM

Submitter Name:	**Submitter Email / Phone Number:**
PI:	**Department:**
KFS/PO #:	**UCHC PO Contact:**

UCHC PO #: **or** **UCHC Fund #:** **Organization #:** **Account #:**

Submission Information

What type of sample(s) are you dropping off? Please provide total number on the line below:

_____**Fixed Untrimmed Tissue(s)**

_____**Fixed Tissue(s) in Cassettes**

_____**Paraffin Block(s)**

_____**Glass Slide(s)**

Species: _____

Organ/Tissue Type(s): _____

If Fixed, what fixative was used:

☐ **70% ETOH** or ☐ **10% NBF**

CVMDL cannot accept any other fixatives

Date Fixation Started: _____

Tissue Samples Decalcified? ☐ Yes or ☐ No

Optional: Request Trimming Service & Slide Interpretation (Additional Charges)

My project requires a CVMDL Pathologist to: ☐ Trim/Cassette Samples ☐ Slide Interpretation

If either is needed, please complete: Histology Supplemental Form: Trimming/Slide Interpretation (DOC#5138)

Histology Disclaimer Agreement

By submitting this form, I have read and agree to the Histology Disclaimers published on the CVMDL Histology Website.

https://cvmdl.uconn.edu/histology-disclaimers/

Histology Disclaimers

CVMDL Use Only

Pathology: Assigned Pathologist: _____ Date Checked In: _____ Date Completed: _____

Histology: Date Checked In: _____ Date Completed: _____

Additional Notes: _____

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We section all samples at 4-5µm thick unless instructed otherwise.

	Sample ID (Unique label on each cassette**)**	**H&E** (**Number** of H&E Slides per Sample)	**Unstained** (**Number** of Unstained Slides per Sample)	**Special Stain** (**Type** of Special Stain & **Number** of slides)	**Additional Notes**
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