

PATHOBIOLOGY AND VETERINARY SCIENCE • CONNECTICUT VETERINARY MEDICAL DIAGNOSTIC LABORATORY

61 North Eagleville Road, Unit 3089, Storrs, CT 06269

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HISTOLOGY SUBMISSION FORM						
mitter Name: Submission Requirements: All parameters must be marked Yes						
PI:	Samples submitted in leakproof plastic container []Yes or []No					
Department:	Samples submitted in cassettes labeled in pencil []Yes or []No					
Telephone:	Slide Folders/Boxes submitted for completed slides []Yes or []No					
Email:	Fixation Information: Jars must be labeled with the fixative contained within the jar per the University's EHS protocol.					
KFS/PO No.:	Tissues submitted in: [] 70% ETOH or [] 10% NBF					
UCHC PO Contact:	Date Fixation Started:					
Submission Information:						
Provide the total number of each sample type submitted (de	etails on reverse):					
Fixed Tissue(s) Paraffin Block(s)	Glass Slide(s) Fresh/Frozen Tissue(s)					
Have any of the submitted tissues been decalcified? []Yes or []No						
Embedding Special Instruction:						
Special embedding instructions:						
[] Submitter will embed own samples [] Submitter will be present when samples are embedded						
Notes/Additional Instruction:						
Lab Office Use Only:						
Date work completed:						
Notes						

ID #: 2647 Version #: 6 Effective Date: 03/22/2024

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	Sample ID	Species & Tissue	# of H&E	# of Unstained	# of Sections/Slide	Special Stain	Additional Information
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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