

STRL Histology/Immunohistochemistry Research Request Form/ External

ACCESSION NUMBER _____
INVESTIGATOR _____
PROJECT ID# _____ **FUND SOURCE O** _____
DEPARTMENT _____ **DEPARTMENT ID** _____
PHONE NUMBER _____ **Email:** _____
SERVICE MONTH O _____
DATE IN _____ **DATE OUT** _____
NUMBER OF BLOCKS _____
PROCESSING INSTRUCTIONS _____
SPECIMEN ID & FIXATIVE _____

Histology Lab TECHNICIAN _____

CATEGORY	COST	UNITS	SUBTOTAL
PROCESS ONLY	\$3.45	_____	_____
PARAFFIN TISSUE BLOCK	\$7.00/block	_____	_____
FROZEN TISSUE BLOCK	\$6.70/block	_____	_____
CUT UNSTAINED SLIDE - COATED	\$4.90/slide	_____	_____
ADDITIONAL SECTION / SLIDE	\$1.50/section	_____	_____
H&E STAINED SLIDE	\$3.10/slide	_____	_____
Cut Unstained (Slide Provided)	\$4.50/block	_____	_____
DECAL - TBD2	\$6.15/block	_____	_____
SPECIAL STAIN	\$17.90/slide	_____	_____
PCR PROCEDURE	\$7.00/block	_____	_____
IMMUNOHISTOCHEMISTRY Group 2	\$33.00/slide	_____	_____
IMMUNOHISTOCHEMISTRY Group 3	\$47.00/slide	_____	_____
SMALL SLIDE BOX	\$5.00/box	_____	_____
LARGE SLIDE BOX	\$10.00/box	_____	_____
R & D IHC	\$350.00/AB	_____	_____
OTHER			
TOTAL			

Technical Services Only. Cost for items not categorized on the request will need to be discussed.
 Acknowledgment of the STRL/UTHSA Histology Laboratory in publications would be appreciated.