

Date of Request:

Client Information

Client/Institution Name:	Client Contact Name:
Client Contact Phone Number:	Client Contact Email:

Study Information

Study description/IHC staining goals:

Species:	Tissue(s):	Number of Samples:	GLP/Non-GLP:
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Histology Samples (check all that apply)

Tissue in fixative: Type of fixative: Date of fixation: Total fixation time:	Paraffin blocks: Type of fixative: Date of fixation: Total fixation time:	Frozen/OCT Blocks:
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Stains Requested (check all that apply)

H&E (recommended for all studies):	Special Stains:
IHC/Brightfield (chromogen staining) <ul style="list-style-type: none"> Single Stain or Multiplex Staining (multiplex IHC only recommended for separate cell populations) 	IF/Fluorescent staining: <ul style="list-style-type: none"> Single Stain or Multiplex Staining (useful for both separate cell populations and for colocalization studies):

Antibody Information

Commercially Available Antibodies (list)	Client-Provided Antibodies: <ul style="list-style-type: none"> Please provide concentration, clone, lot number and isotype
Please provide as much information as possible, such as: <ul style="list-style-type: none"> Are staining protocols already available for these antibodies (ie, will HSRL need to validate these antibodies) References/publications: 	
Please provide a summary of staining requirements for this study:	

Additional Work Requested

Slide scanning services requested (please describe):
Image Analysis/Morphometry Requested (please describe measurements requested):
Statistics Analysis wanted (recommended for all morphometry studies):
Histopathology/Slide Read/Report required (please describe):