

Received Date: \_\_\_\_\_

Sent Out Date: \_\_\_\_\_

Reference No.: \_\_\_\_\_

Specimen No.: \_\_\_\_\_

**RESEARCH HISTOLOGY and BIO-REPOSITORY SERVICES REQUEST FORM****UCI DEPARTMENT OF PATHOLOGY — EXPERIMENTAL TISSUE RESOURCE****USER INFORMATION (ALL sections must be filled in):**

Today's Date: \_\_\_\_\_ Department: \_\_\_\_\_  
 Principal Investigator: \_\_\_\_\_ PI's E-mail: \_\_\_\_\_  
 CRC or Lab Manager Name: \_\_\_\_\_ CRC or Manager's E-mail: \_\_\_\_\_  
 Recharge Account Number: \_\_\_\_\_ CRC or Manager Phone No: \_\_\_\_\_  
 Protocol No / Title of Study: \_\_\_\_\_  
 End User or Contact Person: \_\_\_\_\_  
 End User's Phone Number: \_\_\_\_\_ End User's E-mail: \_\_\_\_\_

**COMPLIANCE INFORMATION (services will NOT be performed without this information):**

Do requested services involve use of human tissue?  YES  NO  
 • If YES, attach IRB approval letter, if previously attached, list IRB No. \_\_\_\_\_  
 Do requested services involve use of vertebrate animal tissue?  YES  NO  
 • If YES, attach IACUC approval letter, if previously attached, list IACUC No. \_\_\_\_\_  
 Indicate end use of this service (check the one that most applies):  Research  Clinical  Teaching

Check here if this is a "RUSH" clinical trials sample (turnaround time is 1-3 calendar days). Please indicate desired turnaround time? \_\_\_\_\_ day.

**Required Authorization Signature:**

By signing below, you certify that the above information is current and correct, and approve payment against the recharge account or agree to pay for services requested. **Services cannot be provided without the signature of the PI or the FO.**

OR

\_\_\_\_\_  
Principal Investigator\_\_\_\_\_  
Recharge Account Fiscal Officer**Pathology Core Services Requested**

<u>Histology Service Requested</u>	<u>Quantity</u>	<u>Unit Cost</u>	<u>Total Cost</u>
<b>Request FFPE Human Tissue Block from Pathology Department Archive</b>			
<input type="checkbox"/> A Archive search by diagnosis (up to 10 blocks) §	NA	\$75.00	_____
<input type="checkbox"/> B Archive search for each additional block or by patient identifier, per block*	_____	\$3.00	_____
<b>Process a Clinical Research Specimen in Pathology Dept., WITH Adequacy check</b>			
<input type="checkbox"/> C Accession research specimen, diagnosis entry, fixes 8-24 hrs in formalin, process FFPE block and cut one H&E to verify presence of tumor.	_____	\$52.00	_____
<input type="checkbox"/> D Pathologist Assessment of tumor presence and sufficiency for assessment	_____	\$50.00	_____
<input type="checkbox"/> E Pack and ship re-cut slides to sponsor lab	_____	\$12.50	_____
<b>Process User Supplied Samples without Pathologist Review</b>			
<input type="checkbox"/> F Trim, process, orient, and paraffin embed fixed tissue	_____	\$7.00	_____
<input type="checkbox"/> F1 All of the above, with one H&E (per block)	_____	\$13.00	_____
<input type="checkbox"/> F2 Batch rate (minimum of 10 samples), with one H&E (per block)	_____	\$11.00	_____
<input type="checkbox"/> G Trim and orient frozen tissue in OCT, user supplied frozen specimen	_____	\$10.00	_____
<input type="checkbox"/> H Cut per frozen specimen provided from Bio-repository	_____	\$20.00	_____
<input type="checkbox"/> I Decal Bone specimen	_____	\$10.00	_____

## **RESEARCH HISTOLOGY and BIO-REPOSITORY SERVICES REQUEST FORM**

<u>Histology Service Requested</u>	<u>Quantity</u>	<u>Unit Cost</u>	<u>Total Cost</u>
<b>Cut Unstained Slide from Tissue Blocks</b>			
<input type="checkbox"/> <b>J</b> Cut first slide (1 or 2 sections/slide, on Superfrost+ slide) _____#/slide	_____	\$4.00	_____
<input type="checkbox"/> <b>J1</b> Re-cut additional slide, per block	_____	\$3.00	_____
<input type="checkbox"/> <b>J2</b> Cut tissue into eppendorf tube (#curls (1-6) _____, thickness _____µm)	_____	\$4.00	_____
<input type="checkbox"/> <b>K</b> Cut first frozen section (1 or 2 sections/slide, on Superfrost+ slide) _____#/slide	_____	\$6.00	_____
<input type="checkbox"/> <b>K1</b> Re-cut additional slide, per block	_____	\$4.00	_____
<input type="checkbox"/> <b>K2</b> Cut tissue into eppendorf tube (#curls (1-6) _____, thickness _____µm)	_____	\$6.00	_____
<b>Stain Unstained Slides</b>			
<input type="checkbox"/> <b>L</b> H&E stain	_____	\$2.00	_____
<input type="checkbox"/> <b>M</b> Special histochemical stains (See list on page 3: _____)	_____	\$10.00	_____
<b>Immunostain Slides</b> (human tissues only, contact research histologist on page 3 prior to all <b>initial</b> requests)			
<input type="checkbox"/> <b>N</b> Immunostain slides (Core supplies 1° Ab; see list on page 4) #	_____	\$17.00	_____
<input type="checkbox"/> <b>N1</b> Class A antibody: antibody: _____	_____	\$21.00	_____
<input type="checkbox"/> <b>N2</b> Class B antibody: antibody: _____	_____	\$26.00	_____
<input type="checkbox"/> <b>N3</b> Class C antibody: antibody: _____	_____	\$____.00	_____
<input type="checkbox"/> <b>N4</b> Class D Special antibody: antibody: _____	_____	\$16.00	_____
<input type="checkbox"/> <b>O</b> Immunostain slides (User supplies 1° Ab and unstained slides) †	_____	\$150.00	_____
<input type="checkbox"/> <b>P</b> Immunostain optimization (For user supplied antibodies)	_____	\$150.00	_____
<b>Electron Microscopy</b> (contact EM Specialist on page 3 prior to all <b>initial</b> requests)			
<input type="checkbox"/> <b>Q</b> Electron microscopy (Full panel of EM)	_____	\$150.00	_____
<input type="checkbox"/> <b>R</b> Thick plastic sections only - Methylene Blue/Azure II stain	_____	\$20.00	_____

<u>Bio-Repository Service Requested (UCI 12-11 IRB#2012-8716)</u>	<u>Quantity</u>	<u>Unit Cost</u>	<u>Total Cost</u>
<b>Request Human Tissue Specimens, either Fresh or Frozen</b>			
<input type="checkbox"/> <b>S</b> Fresh tissue / Frozen Inventory / OCT embedded frozen tissue, per specimen	_____	\$25.00	_____
<input type="checkbox"/> _____	_____	\$25.00	_____
<input type="checkbox"/> _____	_____	\$25.00	_____
<b>Request an Existing FFPE Block to be "Cored" (e.g., - for TMA)</b>			
<input type="checkbox"/> <b>T</b> Case and Block Number(s): _____ Core's Diameter (1, 2, 3mm): _____	_____	\$25.00	_____

UCI investigators / Subtotal \_\_\_\_\_

Outside Non-profits Total \_\_\_\_\_

150% of subtotal \_\_\_\_\_

Outside For-profit/commercial Total \_\_\_\_\_

250% of subtotal \_\_\_\_\_

(for orders not picked-up at UCI or UCIMC)

Shipping (packaging charge \$5 dry, \$25 dry ice, or TBD) (your FedEx # \_\_\_\_\_) \_\_\_\_\_

Usual turnaround time is 5-10 working days

§ Provide specific information about tissues/diagnoses required up to 10 blocks

\* Append list of blocks/cases

† Double immunostaining available (unit cost is sum of the two antibodies)

‡ Indicate specific antibody and conditions/dilutions (optimization may still be needed for core processing)

## ***RESEARCH HISTOLOGY and BIO-REPOSITORY SERVICES REQUEST FORM***

**If there are more specific instructions, please describes below, and copy your specific instructions with the cover email or fax when submitting this form.**

- If special embedding is required, please state exact orientation of the tissue.
- For sections, please include how they should be cut, number of microns between cuts, and whether you want the block completely cut through.
- For electron microscopy, explain what structures need to be photographed and at what magnification.

• **For Questions, other special requests, and complex/custom services, please contact:**

Dr. Edwards	(949-824-8576)	<a href="mailto:redwards@uci.edu">redwards@uci.edu</a>	ETR Director
Anne Sawyers	(714-456-8975)	<a href="mailto:asawyers@uci.edu">asawyers@uci.edu</a>	Bio Repository Coordinator
Jeffrey Kim	(714-456-3389)	<a href="mailto:jbkim@uci.edu">jbkim@uci.edu</a>	Research Histopathologist
Farah Akhtar	(714-456-5022)	<a href="mailto:fakhtar@uci.edu">fakhtar@uci.edu</a>	Electron Microscopist

### **Special stains:**

<input type="checkbox"/>	Congo Red (Amyloid)
<input type="checkbox"/>	AFB
<input type="checkbox"/>	Alcian Blue pH 2.5
<input type="checkbox"/>	Geimsa
<input type="checkbox"/>	GMS Fungus, Pneumocystis
<input type="checkbox"/>	Iron
<input type="checkbox"/>	Oil Red O (fresh tissue)
<input type="checkbox"/>	Gram

<input type="checkbox"/>	Mayer's Mucicarmine
<input type="checkbox"/>	PAS
<input type="checkbox"/>	PAS with Diastase
<input type="checkbox"/>	Jones Red
<input type="checkbox"/>	Snook's Reticulum
<input type="checkbox"/>	Masson's Trichrome
<input type="checkbox"/>	VVG Elastic
<input type="checkbox"/>	LFB-Cresyl Echt Violet

## **RESEARCH HISTOLOGY and BIO-REPOSITORY SERVICES REQUEST FORM**

### **Immunostaining Antibodies Available:**

Primary Antibodies	Cost/ Class	Primary Antibodies	Cost/ Class	Primary Antibodies	Cost/ Class	Primary Antibodies	Cost/ Class
A-synuclein	A	CD79a	C	IgG	A	S100	A
Androgen Receptor (AR)	A	CD117	A	IgG4	C	SMA	A
Alpha-fetoprotein (AFP)	A	CD138	C	IgM	A	SM Myosin	B
Alpha-1-antitrypsin	A	CD163	C	IMP 3	B	Sall 4	B
ACTH	B	CDX2	C	Inhibin	B	SP-A	A
AE1/AE3	A	CEA-polyclonal	A	Insulin	B	Simian Virus (SV-40)	A
ALK-1	C	CEA-monoclonal	B	Kappa-IHC	B	Sox 10	A
Amyloid A	C	c-erbB-2 (Her-2-IHC)	B	Kappa-ISH	C	Synaptophysin	A
APP-A4	B	Chromogranin A	A	Ki-67	A	Tau	A
B72.3	A	CMV	A	Lambda-IHC	B	TDP-43	A
bcl-2	A	Cytokeratin 5/6	A	Lambda-ISH	C	TdT	B
bcl-6	C	Cytokeratin 7	A	LH	B	Thyroglobulin	B
B-amyloid	A	Cytokeratin 19	C	Lysozyme	A	Tryptase	B
β-HCG	A	Cytokeratin 20	A	Melan-A Red	A	TSH	B
Ber-EP4	A	Cyclin D1 (bcl-1)	C	MLH-1	B	TTF-1	A
BRST-2	A	HMW keratin (34BE12)	27	MOC-31	A	Ubiquitin	A
C4d	C	Podoplanin (D2-40)	C	MSH-2	B	Uroplakin III	B
CA 19-9	B	Desmin	A	MSH-6	B	Vimentin	B
CA125	B	DOG1	A	MUM1	C	WT-1	A
Calcitonin	A	EBV-ISH	C	Myeloperoxidase (MPO)	A	34BE12 +p63	D
Caldesmon	C	EBV-LMP	A	MYO D1	B		
Calretinin	A	E-cadherin	A	Myogenin	B		
CAM 5.2	A	ERG	A	Napsin A	A		
CD1a	B	EMA	B	Neu N	A	FITC IgG	B
CD2	B	ER	30	Neurofilament Pro(NFP)	A	FITC IgA	B
CD3	A	Factor VIII (Von Willebrand)	A	NKX 3.1	A	FITC IgM	B
CD4	B	FSH	B	NSE	A	FITC Kappa	B
CD5	B	Gastrin	A	O13 (CD99)	B	FITC Lambda	B
CD7	B	GFAP	B	P504S	B	FITC Fibrinogen	B
CD8	A	Gata3	A	p16	C	FITC C3	B
CD10	B	Glucagon	B	p53	A	FITC C4	B
CD15 (Leu M1)	A	Glypican-3	B	p63	A	FITC C1Q	B
CD20 (L26) RTU	A	HGH	B	Parvovirus	B	FITC Albumin	B
CD21	C	Helicobacter pylori	A	PAX-5	B		
CD23	A	HHF-35	B	PAX-8	B		
CD30 (Ki-1)	A	HHV-8	C	PD-1	A		
CD31	A	HCC (Hepatocyte)	A	PIN-4	B		
CD 34	A	Herpes Simplex Virus 1	A	PLAP	C		
CD43	A	Herpes Simplex Virus 2	B	PMS2 RTU	C		
CD45 (LCA)	A	HMB-45	B	PR	30		
CD56	C	HER2 Dual ISH DNA Probe	D	Prolactin	B		
CD68	A	IDH1	A	PSA	A		
CD33	A	IgA	A	PSAP	B		
CD123	A	IgD	A	RCC	A		