

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.

Pathology Core Services Requested

<u>Histology Service Requested</u>	<u>Quantity</u>	<u>Unit Cost</u>	<u>Total Cost</u>
<u>Request FFPE Human Tissue Block from Pathology Department Archive</u>			
<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	_____
<u>Process a Clinical Research Specimen in Pathology Dept., WITH Adequacy check</u>			
<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	_____
<u>Process User Supplied Samples without Pathologist Review</u>			
<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	_____
<u>Cut Unstained Slide from Tissue Blocks</u>			
<input type="checkbox"/> J Cut first slide (1 or 2 sections/slide, on Superfrost+ slide) _____#/slide	_____	\$4.00	_____
<input type="checkbox"/> J1 Re-cut additional slide, per block	_____	\$3.00	_____
<input type="checkbox"/> J2 Cut tissue into eppendorf tube (#curls (1-6) _____, thickness _____µm)	_____	\$4.00	_____
<input type="checkbox"/> K Cut first frozen section (1 or 2 sections/slide, on Superfrost+ slide) _____#/slide	_____	\$6.00	_____
<input type="checkbox"/> K1 Re-cut additional slide, per block	_____	\$4.00	_____
<input type="checkbox"/> K2 Cut tissue into eppendorf tube (#curls (1-6) _____, thickness _____µm)	_____	\$6.00	_____

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<u>Histology Service Requested</u>	<u>Quantity</u>	<u>Unit Cost</u>	<u>Total Cost</u>
Stain Unstained Slides			
<input type="checkbox"/> L H&E stain	_____	\$2.00	_____
<input type="checkbox"/> M Special histochemical stains (See list on page 3: _____)	_____	\$10.00	_____
Immunostain Slides (human tissues only, contact research histologist on page 3 prior to all initial requests)			
<input type="checkbox"/> N Immunostain slides (Core supplies 1° Ab; see list on page 4) #			
<input type="checkbox"/> N1 Class A antibody: antibody: _____	_____	\$17.00	_____
<input type="checkbox"/> N2 Class B antibody: antibody: _____	_____	\$21.00	_____
<input type="checkbox"/> N3 Class C antibody: antibody: _____	_____	\$26.00	_____
<input type="checkbox"/> N4 Class D Special antibody: antibody: _____	_____	\$____.00	_____
<input type="checkbox"/> O Immunostain slides (User supplies 1° Ab and unstained slides) †	_____	\$16.00	_____
<input type="checkbox"/> P Immunostain optimization (For user supplied antibodies)	_____	\$150.00	_____
Electron Microscopy (contact EM Specialist on page 3 prior to all initial requests)			
<input type="checkbox"/> Q Electron microscopy (Full panel of EM)	_____	\$150.00	_____
<input type="checkbox"/> R 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>
Request Human Tissue Specimens, either Fresh or Frozen			
<input type="checkbox"/> S Fresh tissue / Frozen Inventory / OCT embedded frozen tissue, per specimen			
<input type="checkbox"/> _____	_____	\$25.00	_____
<input type="checkbox"/> _____	_____	\$25.00	_____
Request an Existing FFPE Block to be “Cored” (e.g., - for TMA)			
<input type="checkbox"/> T 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)

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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)	redwards@uci.edu	ETR Director
Anne Sawyers	(714-456-8975)	asawyers@uci.edu	Bio Repository Coordinator
Jeffrey Kim	(714-456-3389)	jbkim@uci.edu	Research Histopathologist
Farah Akhtar	(714-456-5022)	fakhtar@uci.edu	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

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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		