

Frozen Section Submission Form

Date Submitted: _____

Name of person submitting work: _____

Group: _____

Phone Ext: _____

Group Leader: _____

If DIR, please include Pathology Approval #

Estimated Cost:

(Based on _____ slides)

Estimated Start Date:

(Contingent on receipt of samples)

Estimated Completion Date:

Estimated Time to Complete _____ hrs

Work Requested:

Number of Samples: _____

Species: _____

Tissue Type: _____

Tissue Fixative, if any: _____

Number of slides to cut: _____

Immunohistochemistry: Yes/ No Antibodies: _____

Chemical treatment(s) used on samples, if applicable _____

Cutting Instructions: _____

(Signature of Receipt)

Please attach a project tissue inventory list and any pertinent literature to the submission form.

Date Cut: _____

Date Returned: _____

Cut By: _____