

**WORK REQUEST FORM**  
**Histology Research Laboratory**  
**143 Medical Research Center**  
**319-335-8145**

**BASIC INFORMATION**

Investigator's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Billing Address and Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Contact Information: \_\_\_\_\_  
 Project Title: \_\_\_\_\_

**MFK Number**

Fund	Org Unit	Dept	Sub Dept	Grant/ Program	Inst Acct	Org Acct	Dept Acct	Fn	Cost Cntr
xxx	xx	xxxx	xxxxx	x xxxxx xx	xxxx	xxx	xxxxx	xx	xxxx

**REGULATORY INFORMATION**

- Is work requested for research purposes? Yes  No
- Nature of material submitted (**please check**)
  - Human tissue  (if checked, proceed to 3a)
  - Animal tissue  (if checked, proceed to 3b)
  - Cultured cells  (if checked, proceed to work requested)
  - Other  (if checked, proceed to work requested)
- a. IRB approval number \_\_\_\_\_  
 Approval date \_\_\_\_\_
- b. ACURF approval number \_\_\_\_\_  
 Approval date \_\_\_\_\_

**WORK REQUESTED**

- Routine Processing Yes  No
- Special Processing

- Routine Embedding Yes  No
- Special Embedding Instructions

5. Section Thickness 4 µm  Other

6. Special Cutting Instructions

- Unstained Slides X \_\_\_\_\_
- Hematoxylin and Eosin Stain Yes  No
- Tinctorial Stain \_\_\_\_\_
- Immuno Stain/Antibody\* \_\_\_\_\_  
 \*Antibody supplied by investigator
- Other