

Histology Research Laboratory  
 Rm. 6524  
 Dept of Pathology and Laboratory Medicine  
 Phone: 504-988-2208

# WORK ORDER

Tissue species and type: \_\_\_\_\_  
 How long in Fixative: \_\_\_\_\_  
 (fixative must be 15-20X volume of specimen)  
 Email: \_\_\_\_\_

Investigator: \_\_\_\_\_

Phone: \_\_\_\_\_

Dept: \_\_\_\_\_  
 Date: \_\_\_\_\_

	Tissue Cassette ID	Block ID	Instructions for Tissue orientation for embedding and # of slides	Notes/ Work completed by Lab
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				Total Due:
24				
25				

*\*Slide boxes/folders will be charged for unless provided upon time of request*  
*\*ITs must be provided at time of pick-up*  
*\*Routine cutting done at 4µm unless specified (kidneys will be cut at 2 µm)*

HISTOLOGY LAB USE ONLY:

Date completed: \_\_\_\_\_  
 Researcher Contacted: Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Letter \_\_\_\_\_  
 IT Completed : \_\_\_\_\_