

Date In:

Department of Pathology

Developmental Laboratory Clinical Laboratory Building 110 McKee Place Suite 2036 412-647-8380

Investigator:					
Phone/Email:					
	E	Billing II	nformation		
Name: Address: Phone/Email: Account No.: Billing ID No.:					
	Sp	ecimen	Information		
Species: Human	Mouse	Rat	Other:		
Number of Paraffin B	ocks/Casette	s:			
Tissue Culture Plate/S		Fixation:			
Type/Species of Cell:					
List labels/designatio	ns of above m	aterial o	r attach Excel file:	:	
Are the samples radio	pactive? No	Yes	Isotope:		
Completion Date: Person Notified: Total Billed:					