

**Date In:**

**Investigator:**

**Phone/Email:**

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### **Billing Information**

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**Name:**

**Address:**

**Phone/Email:**

**Account No.:**

**Billing ID No.:**

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### **Specimen Information**

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**Species:**      Human      Mouse      Rat      Other:

**Number of Paraffin Blocks/Cassettes:**

**Tissue Culture Plate/Slide:**

**Fixation:**

**Type/Species of Cell:**

**List labels/designations of above material or attach Excel file:**

**Are the samples radioactive?**    No    Yes    **Isotope:**

**Study desired:**

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**Completion Date:**

**Person Notified:**

**Total Billed:**