This form should be utilized by investigation when requesting use of Pathology lab services, which will not be funded by a sponsored project. This includes but is not limited to investigator initiated projects and use of discretionary funding.

**This form is not to be used for Clinical Research Requests or any requests involving the use of patient tissue.**

Submission and approval of this request will generate a service agreement for your specific project. Services will be invoiced and payable only by check; SmartKey/SpeedType payment is not accepted for this service. Please submit completed forms via email to [larkin.maples@choa.org](mailto:larkin.maples@choa.org).

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Study Title:** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Project Start Date:** | | | | | | | | | | | | | |
| **IRB #:**  (if applicable) | | | | **IRB Approval Date:**  (if applicable) | | | | | **IRB Exp. Date:**  (if applicable) | | | | |
| **Contact Information:** | | | | | | | | | | | | | |
| Research Manager: | | | | | | | | | | | | | |
| Principal Investigator Name: | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | |
| City: | | | State: | | ZIP: | | | | | | | | |
| Phone #: | | | Email: | | | | | | | | | | |
| Financial Contact Name (if different than above): | | | | | | | | | | | | | |
| Phone #: | | | Email: | | | | | | | | | | |
| **Billing Information:** | | | | | | | | | | | | | |
| Type of funding (Circle all that apply): | | | Federal | | Industry | | | Department | | | Other: | | |
| Sponsor: | | | | | | | | | | | | | |
| Project/Activity Number: | | | | | | | | | | | | | |
| Billing Address: | | | | | | | | | | | | | |
|  | | Address: | | | | | | | | | | | |
| City: | State: | | | | | ZIP: | | | | | |
| **Shipping Information:** | | | | | | | | | | | | | |
| FedEx/UPS Account #: | | | | | | | |  | | |  | | |
| Attention: | | | | | Institution: | | | | | | | | |
| Address: | | | | | | | | | | |  | | |
| City: | | | State: | | ZIP: | | | | | |  | | |
| Contact Name (if different than above): | | | | | | | | | | |  | | |
| Phone #: | | | Email: | | | | | | | |  | | |
| *The Histology Department of Children's Healthcare of Atlanta, under the leadership of Dr. Beverly Rogers, provides histology services to Research Investigators. These services include routine histology, frozen section preparation, special stains and immunohistochemistry. The Histology Department serves as a partner to Research investigators, offering pre-processing instruction as well as basic Histology "know-how".*   * **Turn-Around-Time:** Turn around time is variable based on the current volume of clinical specimens being processed by the lab. Routine services average a one-month turn-around-time from date of submission. * **Tissue Submission:** All tissue samples submitted for routine processing must be pre-dissected and submitted in clearly labeled tissue cassettes. | | | | | | | | | | | | | |
| **PROCEDURE** | | | | | **Initial Slide** | **Qty** | | | **Additional Slide** | | **Qty** |
| **Conventional Histology Services** | | | | |  |  | | |  | |  |
| Process and Embed Tissue | | | | | $5 |  | | |  | |  |
| Re-Embed Paraffin Block | | | | | $4 |  | | |  | |  |
| Process, Embed, Cut, Unstained Slide | | | | | $8 |  | | | $2 | |  |
| Process, Embed, Cut, H&E Slide | | | | | $9 |  | | | $3 | |  |
| Cut, H&E Slide | | | | | $5 |  | | | $3 | |  |
| Cut, Unstained Slide | | | | | $4 |  | | | $2 | |  |
| Cut Scrolls | | | | | $10 (per block) |  | | |  | |  |
| Frozen Tissue, OCT Embedding | | | | | $10 |  | | |  | |  |
| Frozen Tissue, OCT Embedding, Sectioning, H&E Stain | | | | | $15 |  | | | $5 | |  |
| Frozen Tissue, OCT Embedding, Sectioning, Unstained | | | | | $14 |  | | | $4 | |  |
| Special Stain | | | | | $18 |  | | |  | |  |
| **Immunohistochemistry Services** | | | | |  | | | |  | | |
| Established protocol | | | | | $27 |  | | |  | |  |
| New Antibody Protocol Development | | | | | $500/antibody |  | | |  | |  |
| **Other Services** | | | | | | | | | | | |
| Pathologist Slide Interpretation | | | | | $150/hour | | | |  | | |
| Rush Fee (less than 2 week TAT) | | | | | $20/block | | | |  | | |
| Block Retrieval Fee | | | | | $3 Onsite  $50 Iron Mountain | | | |  | | |

|  |  |
| --- | --- |
| **Submitted Material Notes:** | |
|  | |
| **Signatures:** | |
| Requestor: | Date: |
| Pathology Approval: | Date: |
| **Additional Comments:**  **For Histology Lab Use Only:** |  |
| Histologist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Delivered to Research Coordinator/Ref Lab: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |