

**SKIN PATHOLOGY CORE - REQUEST FORM**  
**BOSTON UNIVERSITY SCHOOL OF MEDICINE**

Submission # \_\_\_\_\_  
*For lab use only*

To be completed by collector or study coordinator

Grant Title \_\_\_\_\_  
 Grant # \_\_\_\_\_ Project Reference # \_\_\_\_\_  
 Principle Investigator \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

**Ship To:**  
**SScores**  
**Joanna Lee**  
**Skin Pathology Lab**  
**609 Albany Street, J-312 A**  
**Boston, MA 02118**  
**(617) 638-5569**

**COLLECTION STUDY SITE INFORMATION**

Specimen Collection Study Center \_\_\_\_\_  
 Study Center Address \_\_\_\_\_  
 Biopsied By \_\_\_\_\_ Service Date \_\_\_\_\_

**REQUESTED EXPERIMENTS**  
*(check all that apply)*

**SAMPLE INFORMATION**

Donating for Core Use  Requesting Services ONLY **Sample Type:**  Human  Murine

	Researcher's Number/Name	Lesional	Non-Lesional	Skin Path Number <i>(for lab use only)</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				

- Processing
- Embedding
- Sectioning
- H&E stain  
#slides/block \_\_\_\_\_
- Unstained  
#slides/block \_\_\_\_\_
- IHC (specify antibody & #slides/block)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Special stain(s) (specify stain & #slides/block)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Note: Biopsy specimen should be placed immediately in the specimen container (provided by SPL). Please make sure that the tissue is submerged in the fixative. Close the cap tightly and label the specimen container appropriately. Great care should be taken to avoid trauma to the tissue.*

**Total # slides/block** \_\_\_\_\_ **Additional Comments** \_\_\_\_\_

**For Skin Path Lab Use Only**

**Biopsy specimen(s) received:** Date \_\_\_\_\_ By \_\_\_\_\_ **Completed work sent out:** Date \_\_\_\_\_

<b>Processing completed</b> _____	<b>H&amp;E stain(s) completed</b> _____	<b># slides made</b> _____
<b>Embedding completed</b> _____	<b>Special stain(s) completed</b> _____	<b># slides stained</b> _____
<b>Sectioning completed</b> _____	<b>Immunostain(s) completed</b> _____	