

VDL

Veterinary Diagnostic Laboratory
University of Illinois
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Urbana, IL 61802

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Comparative Pathology of Laboratory Animals

RESEARCH PROJECT TISSUE ANALYSIS REQUEST FORM

Researcher _____ Email address _____

University/Company Affiliation _____

Phone_() _____ Fax_() _____

Address _____

City _____ State _____ Zip Code _____ Country _____

University Account or P.O. Number _____

Date of Request _____

Projected Date of Submission _____

Project Information (Please give a brief summary of the research project with references)

Research Animal Information

Species _____ Breed/Strain _____ Age _____

Number of Groups _____

Number of Animals/group _____

Number of Males/group _____ Females/group _____

Total Number of Animals to be analyzed _____

Animal/specimen ID#(s) _____

Type of Service Requested**Gross Analysis**

Fresh or fixed carcasses: _____ Fresh _____ Fixed

Microscopic Analysis

Paraffin blocks _____

Glass slides (peer review) _____

Organ survey _____

Type of Survey

_____ Single Organ Survey (SOS) - up to 3 tissue sites

_____ Basic Survey (BS): heart, lung, liver, spleen, kidney or any 5 tissues

_____ Extended Survey (ES): Basic + gastrointestinal tract and brain

_____ Comprehensive Survey (CS): Extended + pituitary gland, bone marrow, adrenal gland, thyroid-parathyroid glands, salivary glands, eyes, thymus, bladder, reproductive tract, muscle, skin, mammary gland, sciatic nerve and spinal cord

Please list specific tissues for Single Organ or customized Basic Survey: _____

Slide preparation (Please check all that apply) _____ Basic H and E slides
_____ Unstained slides
_____ Special/Immunohistochemical slidesPlease list specific types of Special and/or Immunohistochemical stains: _____**Digital Imaging**

_____ Gross _____ Microscopic

Type of tissue(s) to be imaged _____

_____ Basic Image Survey (3 image sites w/ 2 magnifications)

_____ Customized Image Survey (Please list number of sites and magnifications)

Please send completed request form to: Amanda Matson, Administrative Assistant, at the above address.

For Office Use Only:

Date Received _____ Reviewed by _____

Project Pathologist _____ Date Assigned _____

VDL Accession Numbers: _____