

# Service Request Form

Comparative Pathology Core Service, Iowa State University



Please fill out this form and email it to

Rachel Phillips [rlp79@iastate.edu](mailto:rlp79@iastate.edu)

If you have any questions please call: 515-294-0953

<b>Investigator information</b>	
Investigator	
Email	
Department/Company	
Submission date	
Mailing/Billing Address	
Phone	
Contact Name for Billing	
Phone Number for Billing	
Account number	

Please indicate the service requested (A) and the details (type) of each service (B).

Services Requested (A)	Type (B)
<input type="checkbox"/> Gross necropsy exam	<input type="checkbox"/> Full <input type="checkbox"/> Partial
<input type="checkbox"/> Research tissue collection	<input type="checkbox"/> Formalin <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen
<input type="checkbox"/> Histopathology	<input type="checkbox"/> Diagnostic <input type="checkbox"/> Data collection
<input type="checkbox"/> Immunohistochemistry Slide type if known Thickness of section if known	<input type="checkbox"/> Existing <input type="checkbox"/> New protocol
<input type="checkbox"/> In Situ Hybridization (RNAScope)	<input type="checkbox"/> Existing <input type="checkbox"/> New protocol
<input type="checkbox"/> Clinical pathology interpretation	<input type="checkbox"/> CBC <input type="checkbox"/> Chemistry <input type="checkbox"/> Cytology
<input type="checkbox"/> Special procedures (please list)	<input type="checkbox"/> Organ weights <input type="checkbox"/> Band saw <input type="checkbox"/> Brain and/ or spinal cord removal

<input type="checkbox"/> Other requests (please describe)	
<input type="checkbox"/> Time line/deadlines if applicable	

PLEASE NOTE: The queue for projects is currently 4-6 weeks depending on size and specific study needs. Expedited service may be available for an additional fee. **Please indicate any time frames or deadlines for the pathology data.**

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Data from CPC may not be submitted for safety/efficacy to FDA, CVB, EPA, NCI/ other federal agency

**Please indicate species, strain, age and number of animals/samples that are being submitted. Also please give a brief overview of the animal treatments when applicable.**

Study information	
<b>Animal species/strain/Age:</b>	
<b>Number of animals/samples:</b>	
Brief description of animal treatment (i.e. infectious agents (bio-safety level), drug/ toxins, knockout strain)	

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**When applicable please attach a protocol that lists all tissues to be examined, collected, and what fixative tissues will go into (formalin, frozen etc).**