

ACS Diagnostic & Research Histology Laboratory Services Submission Form

Centre for Comparative Medicine | 4145 Wesbrook Mall, Vancouver, BC V6T 1W5

Email completed form to acs.lab@ubc.ca

SUBMITTER INFORMATION	
Submitter name:	Facility / Company:
Submitter phone:	Investigator:
Submitter email:	Workday Program/Grant/Project/Gift:
Submission date DD-MM-YYYY:	Bill to:

DIAGNOSTIC SERVICES Jana Hodasova 604-827-4935 Complete sections 1-5	RESEARCH HISTOLOGY Ingrid Barta 604-822-7091 Complete sections 6-12
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1 ANIMAL(S) / SAMPLE(S) SUBMITTED			
Sample type description:	Animal(s) submitted: <input type="checkbox"/> Live <input type="checkbox"/> Dead Euthanized: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fixative (histopathology): <input type="checkbox"/> 10% Neutral buffered formalin <input type="checkbox"/> Other (specify):	
# of samples:	Euthanasia method:	Method of urine collection: <input type="checkbox"/> Free catch <input type="checkbox"/> Table top / Other <input type="checkbox"/> Manual expression <input type="checkbox"/> Urinary catheter <input type="checkbox"/> Cystocentesis	
Sample submitted: <input type="checkbox"/> Fresh <input type="checkbox"/> Fixed <input type="checkbox"/> Frozen	Date of euthanasia:	Testing schedule (sentinel only):	Protocol #:
Date of sample collection:	Animal(s) found dead: <input type="checkbox"/> Yes <input type="checkbox"/> No		

2 ANIMAL SAMPLE INFORMATION							
#	Animal ID* #	Sample ID	Room #	Rack #	Species / Strain	DOB (DD-MM-YY)	Sex (F / M)
1							
2							
3							
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10							

* Mosaic database users must provide Mosaic Animal ID.

3 TESTING LABORATORY	
<input type="checkbox"/> ACS Diagnostic Laboratory <input type="checkbox"/> Animal Health Centre <input type="checkbox"/> IDEXX <input type="checkbox"/> IDEXX BioAnalytics <input type="checkbox"/> Other	

4 TESTING REQUESTED			
Sentinel comprehensive testing <input type="checkbox"/> Live comprehensive examination <input type="checkbox"/> Comprehensive examination	Bacteriology <input type="checkbox"/> Aerobic culture with ID <input type="checkbox"/> Aerobic culture with ID and antimicrobial susceptibility <input type="checkbox"/> Anaerobic culture with ID <input type="checkbox"/> Urinalysis <input type="checkbox"/> Urinalysis with culture, ID and antimicrobial susceptibility <input type="checkbox"/> Other (specify):	Parasitology <input type="checkbox"/> Ectoparasites <input type="checkbox"/> Endoparasites <input type="checkbox"/> Fecal flotation <input type="checkbox"/> Fecal egg count	Pathology <input type="checkbox"/> Necropsy (non-sentinel animal) <input type="checkbox"/> Histopathology
IDEXX BioAnalytics / Charles River Laboratories: <input type="checkbox"/> Mouse serology <input type="checkbox"/> Rat serology <input type="checkbox"/> Mouse PCR <input type="checkbox"/> Rat PCR <input type="checkbox"/> Other (specify)		External veterinary diagnostic laboratory (IDEXX, AHC, CRL, AHL, other): <input type="checkbox"/> Hematology <input type="checkbox"/> Serology <input type="checkbox"/> Molecular diagnostics <input type="checkbox"/> Clinical chemistry <input type="checkbox"/> Virology <input type="checkbox"/> Toxicology <input type="checkbox"/> Coagulation <input type="checkbox"/> Bacteriology <input type="checkbox"/> Other (specify)	
Testing panel(s) / Individual test(s):			
Other tests / Special requests:			



5 ANIMAL HISTORY / CLINICAL INFORMATION

Were any abnormalities, clinical signs or unexpected findings (including animal found dead) observed? If yes, describe them in detail and include duration and dates:

Was this an experimental animal or did submitted tissue originate from experimental animal? If yes, specify type and duration of experiment and include dates:

Was any procedure / surgery / manipulation performed? If yes, specify and include site and dates:

Was any substance or treatment administered? If yes, specify and include route, regime, and dates:

Was any mortality or morbidity noted in the colony or in the room? Was any deleterious phenotype noticed in the colony? If yes, specify and include dates:

Is there anything in particular you are concerned about or looking for?

Include any additional information, details or requests:

6 FIXED TISSUE SPECIMEN INFORMATION	
Species: _____	
# of samples: ___ Wet tissues ___ Cassettes ___ Paraffin blocks ___ Slides for staining	
Current storage medium: <input type="checkbox"/> 10% NBF <input type="checkbox"/> 70% Ethanol <input type="checkbox"/> Other (specify) _____	Time in current storage medium: _____
Fixative used, if different from above: <input type="checkbox"/> 10% NBF <input type="checkbox"/> 4% PFA <input type="checkbox"/> Other (specify) _____	Time in fixative: _____
Additional information (e.g. light sensitivity, known pathologies, etc.): _____	

7 TISSUE PROCESSING REQUESTED	
Check all applicable boxes below and indicate total number of samples for each.	
<input type="checkbox"/> Processing & embedding # _____	<input type="checkbox"/> Processing only # _____
<input type="checkbox"/> Pre-trimming tissue (grossing) # _____	<input type="checkbox"/> Agarose pre-embedding # _____
<input type="checkbox"/> Embedding only # _____	<input type="checkbox"/> Acid decalcification # _____
Orientation of tissue(s) and area(s) of interest. What would you like to see on the slide? Diagrams welcome: _____	

8 TISSUE SECTIONING AND HISTOCHEMICAL STAINING			
Enter the desired section thickness (standard 4 µm) and number of slides / stains PER BLOCK. If a subset of your samples require a different combination of slides, use Set 2 & Set 3 fields as necessary.			
	Set 1: Sample # _____ to _____	Set 2: Sample # _____ to _____	Set 3: Sample # _____ to _____
Section thickness (µm)			
No stain			
H&E			
Masson's Trichrome			
Picrosirius Red			
Special sectioning instructions (e.g. serial sections, levels): _____			

9 WHOLE SLIDE IMAGING (Olympus VS120 Slide Scanner)	
Contact the lab for more details and if higher magnifications are required.	
Number of slides for: 10X mag _____ 20X mag _____ 40X mag _____	Image delivery: <input type="checkbox"/> USB (client to provide) <input type="checkbox"/> DVD

10 PATHOLOGY SERVICES	
Number of slides to review: _____	<input type="checkbox"/> Pathology report required* <input type="checkbox"/> Histopathological scoring required* * Contact the lab for more details.

11	SPECIMEN IDENTIFICATION
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Please keep sample IDs succinct as cassette and slide labelling software limit each field to 6 characters. For samples with more than one tissue type, enter each tissue on a separate line. Attach additional lines if necessary. It is not required to complete all columns. If preferred, the same information can be submitted in an attached spreadsheet.

Sample #	Experiment / Sample ID	Animal ID*	Genotype	Tissue type
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* Provide Mosaic Animal ID where applicable.

12	OTHER NOTES
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