

EPL Core Services Request Form

Immunohistochemistry

Requestor:

Lab/Section:

Phone:

Email:

Date:

This form is for single label, chromagenic IHC only.

Double label, or any fluorescent IHC, please fill out the "Other Services" form.

Specimen:

Species

Organ

Total number of slides to be stained:

Antigen:

Proposed Antibody:

(EPL staff will review antibody choices with researcher)

Species: _____ Clonality: _____ Source: _____ Cat #: _____

Based On: Clinical Menu / Published and/or Prior Studies / Ongoing Research in Lab

Positive Control:

Negative Control:

Other information:

The EPL is not a CLIA certified laboratory. Immunohistochemistry performed in the EPL is for research use only.

Reviewed: _____

Estimated Date of Completion: _____

IHC Development Required: Y / N

Date of Completion: _____

Notes:

EPL-I__-____