

Department of Pathology Histology Technical Services Request Form 300 Longwood Avenue – Hale Basement

Where the world comes for answers

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Services Offered							
Tissue Processing	Microtomy	Slide Scanning	Froze	en Sections	H&E Staining	Immunohistochemistry	
Embedding	Scrolls	Macro Cassettes	Unstained Slides		Special Staining	Immunofluorescence	
Requestor Information and Billing Information (Must be completed prior to processing)							
Boston Children's Hospital Customers External Customers							
Requestor Name:Address:City/State/Zip:Phone:Email:P.I. Name:Fund Manager:FUND #:IRB Approval(Signatory):				Requestor Nat Address: City/State/Zip: Phone: Email: Billing Guaran Address: City/State/Zip: Phone: Email:			
Materials Submitted							
Fixed Tissue in	# of Cassettes # U			nstained Slides	Unfi	xed Tissue	
# Frozen Blocks	# Paraffin Blocks # Fr			ozen Slides	Oth	er	
Processing Instructions							
						□ Request Rush Processing	
BCH Laboratory Use Only							
Date Submitted:	te Submitted: Date Completed:				Technician Initials:		
Total # Hours:	al # Hours: IHC Total:				Rush Charge:		
TOTAL CHARGE:							
Payment Information Billing Rates as of January 1st, 2022							
Please make checks payable to: Boston Children's Hospital Department of Pathology 300 Longwood Ave Mailstop BCH 3027 Boston, MA 02115 617-355-4589 IRS Tax ID# 04-2774441				*Ri	All Routine Technical Services - \$100 per hour IHC and IF - \$100 per slide with control Special Stains - \$10 per slide with control Rush Charge* - \$100 *Rush requests must be approved by Histology Supervisor All routine projects typically take 2-3 weeks to complete		