**RESEARCH REQUEST FORM**

**PLEASE ENSURE ALL SECTIONS ARE FILLED IN. THE REQUEST WILL NOT BE PROCESSED UNLESS ALL COMPULSORY FIELDS MARKED WITH \* ARE COMPLETED. PLEASE SUBMIT COMPLETED REQUEST FORMS AND ALL ENQUIRIES TO:** [**Research.Histo@gosh.nhs.uk**](mailto:Research.Histo@gosh.nhs.uk)

**DATE:\***

**RESEARCHER NAME:\* EMAIL:\***

**SUPERVISOR NAME:\* EMAIL:\***

**FULL ADDRESS**

**(inc. Post Code):\***

**PROJECT TITLE:\***

**BRIEF PROJECT SUMMARY:\***

*For Human Tissue*

**GRANT CODE:\* R&D CODE:\* REC CODE:**

**AUDIT NUMBER: OTHER CONSENT:**

**PLEASE MARK (X) AS APPLICABLE:\***

**BRC: BRC TERM: NON-BRC: COLLABORATION:**

**TO BE SIGNED BY GRANT CODE SIGNATORY:**

**I hereby agree to reimburse Histopathology Research Service (GOSH Account 8810, HIG cost code) for any agreed cost incurred regarding the work carried out on behalf of this researcher.**

**GRANT EXPIRY DATE:\***

**SIGNED:\* DATE:\***

**All publications that have benefited from the Research Histology Service are expected to list any relevant contributing scientists as authors, and acknowledge the BRC using the statements in the following link:** [**https://www.gosh.nhs.uk/research-and-innovation/nihr-gosh-brc/support-researchers/acknowledgement-publications**](https://www.gosh.nhs.uk/research-and-innovation/nihr-gosh-brc/support-researchers/acknowledgement-publications)

**HISTOLOGY PROCEDURE REQUEST**

**PLEASE MARK (X) WHICH HISTOLOGY PROCEDURE AND STATE THE REQUIRED QUANTITIES.**

**SPECIMEN TYPE:\* HUMAN: ANIMAL: OTHER:**

**TISSUE TYPE:\***

*Eg. Mouse Brain or Human Placenta*

**FORMALIN FIXED PARAFFIN EMBEDDED PROCESSING (FFPE) QUANTITY:**

*Please state either:* ***ROUTINE*** *(overnight) or* ***LONG*** *Processing*

**PARAFFIN WAX EMBEDDING QUANTITY:**

**UNSTAINED SECTIONS QUANTITY:**

**H&E STAINING QUANTITY:**

*Please state the special stain/s and quantity.*

**SPECIAL STAINS**

*Please state the biomarker/s and quantity.*

**IMMUNOHISTOCHEMISTRY**

**ELECTRON MICROSCOPY QUANTITY:**

**CRYOSECTIONS / SNAP FREEZING QUANTITY:**

**SLIDE SCANNING (X20, X40) QUANTITY:**

**` OTHER:**

***Please state any additional information you would like us to be aware of. E.g.: how many microns would you like sections cut at?***

**PLEASE CONTACT US ON** [**Research.Histo@gosh.nhs.uk**](mailto:Research.Histo@gosh.nhs.uk) **FOR A QUOTE IF REQUIRED.**