Associated with Tissue Processing EQUIP SOPs Version Date: July 24, 2025

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Date:	Project #:	PDS#:	
Histology Laborato	ry Tissue Sample Submissio	on Form – Contract and Res	earch Cases
Name of Researcher:			
Contact Name and Phone	#:		
Work Requested:			

<u>Tissue Sample Submission Requirements:</u>

- 1. Label cassettes on the front with the sample identification number or code using a **2H variety** lead pencil. Write any sub numbers on the right side of the cassette(s). Try to keep cassette labeling to a minimum. Alternatively, with proper training, clients may use the PathCare Medical Inc. PiSmart Carousel Cassette Printer. Contact Histology Laboratory personnel for assistance.
- 2. Trim tissue to a maximum 3-4 mm thickness; place into a regular depth cassette (*preferably, blue cassette(s)*).
- 3. There is a **maximum of 9 tissues allowed per cassette**. Keep similar sized pieces together, as well as tissues of similar texture (e.g., do not place brain with cartilage, or a tiny piece with a giant piece).
- 4. Transport tissue to PDS in a leak-proof container with enough 10% Neutral Buffered Formalin to at least cover all cassettes.
- 5. Complete the log sheet on reverse side of this Form, line by line for each cassette. Green shaded areas must be filled out by the person submitting the tissue. Yellow shaded areas are completed by Histology Technologists.

Below is an example of a properly completed **Histology Laboratory Log Sheet – Contract and Research Cases**:

Gross Trimmed (Initials)	PDS#	Sub- number or Sub-code (if applicable)	# Tissue Pieces in Cassette	Special Instructions (if applicable)	Embed (Initials)	Rough Trim (Initials)	Cut (Initials)	Tissue Quality Verified on Slide (Initials)
	23-1000	${\mathcal A}$	6	PAS in addition to H&E				
		\mathcal{B}	5					
		С	2					
		1	4	embed on edge				
		2	3					

Note: The information documented in the Log Sheet is required to ensure:

- ➤ The best possible processing quality for the sample(s).
- Minimal cost for work performed.

Clients may direct questions to 306-966-7319 or 306-966-7322.

Supersedes: August 30, 2023





Histology Laboratory Log Sheet – Contract and Research Cases

Gross rimmed (Initials)	PDS#	Sub- number or Sub-code (if applicable)	# Tissue Pieces in Cassette	Special Instructio (if applicabl	ns	Embed (Initials)	Rough Trim (Initials)	Cut (Initials)	Tissue Quality Verified on Slide (Initials)
·			Tissue Pr	ocessor used:	VIP5	VII	P6AI	Excelsion	r AS
For PDS	use only:								
	<u> </u>	Date Receiv	ved:	I	Date Co	ompleted:			
	nquished to wh								
	odes Applied		Cost					,	,
					ling do	ne bv (Dai	te & Initials)	:	
								(als):	

(Check all that apply) Block Slides Tissue forwarded to DSO (Date & Initials): _

END of FORM

Supersedes: August 30, 2023