

CPL Sample Submission Form

Comparative Pathology Laboratory
Department of Pathology
260 Medical Research Center
Iowa City, IA 52242-1182
319-335-6650
pathology-cpl@uiowa.edu
<https://cpl.lab.uiowa.edu>

Client Information

Date: _____

Investigator's Name & Phone Number: _____

Billing Address (include department): _____

Billing Address (if outside UI): _____

Email Address & Contact Information: _____

Project Title: _____

Check if a member of the Gene Therapy Center for Cystic Fibrosis

If at University expense, please State the Master File Key to Which expenses will be charged	Fund	Org	Dept	Subdept	Grant/Program	Inst Acct	Org Acct	Dept Acct	Fn	CCTR	Amount

If not at University expense, specify source of funds: _____

Labeling system for blocks and slides: Investigator's IDs CPL's ID

Project Information: Give a brief description of your project.

Services requested (please attach additional information if necessary) – This can be discussed prior to (preferred) or at the time of animal/sample drop off.

Standard Necropsy

Collect Tissues of Interest

Please list: _____

Gross Images Other (please specify) _____

Freezing of tissue in OCT Please list: _____

Detail the services requested including tissue orientation (please attach additional information if necessary).
This should be discussed prior to (preferred) or at the time of animal/sample drop off.

Fixative: NBF PFA Other (please specify) _____

Date tissues were placed in fixative _____

Slide requests (if known):

H&E slides _____

Other/Additional Stains: _____

Unstained slides _____

Upon project completion, slides, blocks and frozen tissues:
Returned to PI Filed in CPL archive Discarded by CPL

Unused wet tissues: Returned to Investigator Discarded by CPL

Animal Identification information can be attached to this form or completed on next page.

