

Mass Histology Service, Inc

7 Lenora Street
Worcester, MA 01607
(877) 944-4786

www.masshistology.com

Service Request Form

Requested turn-around time	<input type="text"/>	Would you like insurance?	<input type="text"/>	If yes, amount insured for:	<input type="text"/>	Return postage speed	<input type="text"/>
Company	<input type="text"/>			Street address	<input type="text"/>		
City	<input type="text"/>		State	<input type="text"/>	Zip Code	<input type="text"/>	
Name	<input type="text"/>		Email	<input type="text"/>		Telephone #	<input type="text"/>
Experiment #	<input type="text"/>		Tissue sent	<input type="text"/>			
Fixative used	<input type="text"/>		Submitted as	<input type="text"/>		# Specimens	<input type="text"/>

SERVICE REQUESTED

Decalcify	<input type="text"/>	Process and Paraffin Embed	<input type="text"/>
Make 1 slide and stain (H&E)	<input type="text"/>	Make un-stained slides (per block)	<input type="text"/>
Make Add'l H&Es (per block)	<input type="text"/>	Intervals	<input type="text"/>
Special Stains	<input type="text"/>	Immunohistochemistry	<input type="text"/>
Other requests or instructions	<input type="text"/>		
Photos?	<input type="text"/>	Types of photos	<input type="text"/>
Pathology report?	<input type="text"/>	Types of report	<input type="text"/>

METHOD OF PAYMENT

Purchase Order #	<input type="text"/>		Charge Card	<input type="text"/>			
Card #	<input type="text"/>	Month	<input type="text"/>	Year	<input type="text"/>	Security code	<input type="text"/>
Name on card	<input type="text"/>			Zip code (card billing address)	<input type="text"/>		
Billing address (if different than above)	<input type="text"/>						

*** PLEASE INCLUDE A COMPLETE SPECIMEN MANIFEST WITH THIS ORDER ***