

Tissue Request Form

Complete this form when ordering slides from Inify Laboratories for additional analysis. This form may only be used when the analysis is part of ongoing patient care.

For research-related requests, please contact us for further guidance.

Contact Information		Date:
Requesting unit		
Contact Name		
Delivery Address for Slides		
Telephone Number		
Sample and Patient Information		
Request ID		
Medical record number or Hospital number as stated in the request		
Date of MDT		

Ordering Stained Slides		
All slides: Yes or No (if No – specify which fractions)		
Ordering <u>Unstained</u> Slides for Additional Analyses		
Requested fractions		
IHC: Number of slides + thickness of tissue		4 μ
Molecular: Number of slides + thickness of tissue		___ μ
Priority IHC or Molecular (in case of lack of material left in block)?		
Comments		

Inify Laboratories is responsible for preserving material stored in the Inify tissue bank.

Please send the completed form to: support.uk@inify.com