Mass Histology Service, Inc

7 Lenora Street
Worcester, MA 01607
(877) 944-4786
www.masshistology.com

Service Request Form

Requested turn-around time		Would you like insurance?		If yes, amount insured for:		Return postage speed	

Company			Street address	

City		State		Zip Code	

Name		Email		Telephone #	

Experiment #		Tissue sent	

Fixed in		Shipped in		Submitted as		# Specimens	

SERVICE REQUESTED

Decalcify		Process and Paraffin Embed	
Make 1 slide and stain (H&E)		Make un-stained slides (per block)	
Make Add'l H&Es (per block)		Intervals	
Special Stains		Immunohistochemistry	

Other requests or instructions	

Photos?		Types of photos	
Pathology report?		Types of report	

METHOD OF PAYMENT

Purchase Order #		Charge Card	

Card #		Month		Year		Security code	

Name on card		Zip code (card billing address)	

Billing address (if different than above)	

* PLEASE INCLUDE A COMPLETE SPECIMEN MANIFEST WITH THIS ORDER *