Histology Consultation Services, Inc.

Request form (MMXX) 2018 (as of 11-1-17) 2018 Request form (2017)

Contact Information			
Institution		Date Shipped	
Sender:		Phone	
Dept/Blag		E-mail	
Street		Fax	
City/St/Zip			
Sample type: (mark t			
		en sections: Wet tissue: Other	
Are these Urgent?	_ if urgent a 50% rush fe	e may apply	
N	# - C 4 - C1	1 - 1	
		blocks: # of slides: # of tissues:	
type of tissue:	Special	instructions for slide labels	
Work Requested:			
-	ides: 9.00/block (1	00 per block trim fee may apply)	
	E: 2 x 3® /additiona		
Special stains:	9:00%slide 1	0.00 each	
Unstained "+" alidea	4.50/slide -		
Unstained "+" slides:			
Decalcify blocks:			
Process and embed or	1ly6.50/block		
		no charge if returned to us)	
Frozen sections: ~8.50	0 to 14.50 / slide (inquir	re)	
Shipping and handling	g (FedEx/UPS account	number): (appr	rox. 15.00 for USPS)
Your estimated cost of	of this project:	_	
4			
Billing information:	0 0	2	
		Card Billing? YesNO + (3% CC fee)	
Billing contact inform	nation: E-mail:	Phone/fax:	
Billing name:	Billing	address:	
Return shipping address	:(if different than sender) _		
		<u> </u>	
Details of Samples Su	bmitted: (please list he	re or send separate attachment) See attachment	
_	or drawings, and/or addi	_	
1	7	13	
2	8	14	
3	9	15	
4	10	16	
5	11	17	
	12	18	
6	12	10	ā.

HCS -360-966-7300; Email-rhbrownl@histocs.com HCS web site: www.histocs.com

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