



(Please email completed form)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Pathologist: \_\_\_\_\_

Specimen #: \_\_\_\_\_

1) Stain: \_\_\_\_\_

- Problem:**     Too weak                       Non-specific staining  
                    Too strong                       Poor section  
                    High background            Other (please specify): \_\_\_\_\_
- Notes:**

2) Stain: \_\_\_\_\_

- Problem:**     Too weak                       Non-specific staining  
                    Too strong                       Poor section  
                    High background            Other (please specify): \_\_\_\_\_
- Notes:**

3) Stain: \_\_\_\_\_

- Problem:**     Too weak                       Non-specific staining  
                    Too strong                       Poor section  
                    High background            Other (please specify): \_\_\_\_\_
- Notes:**

4) Stain: \_\_\_\_\_

- Problem:**     Too weak                       Non-specific staining  
                    Too strong                       Poor section  
                    High background            Other (please specify): \_\_\_\_\_
- Notes:**

5) Stain: \_\_\_\_\_

- Problem:**     Too weak                       Non-specific staining  
                    Too strong                       Poor section  
                    High background            Other (please specify): \_\_\_\_\_
- Notes:**