Histology Core Facility Sample Request Form

**Directions:** Please fill out the entire worksheet, being as clear and specific as possible.

**PI Name:** _____________________________________________________________

**Your Name:** __________________________________________________________

**Grant funding string:**________________________________________________________________

**Date:** ________________________________________________________________

**Tissue Type (species & type):** _____________________________________________

**E-mail/Phone number:** ____________________________________________________

**Number of Cassettes/Sample:** ______________________________________________

**Fixation Method:** _________________________________________________________

Please submit along with a spreadsheet indicating which samples you are dropping off with clear directions for how you want the samples processed.

You will NEED to label your own cassettes according to your labeling system. These cassettes should exactly match your sample tubes and your spreadsheet to avoid any mix-ups.

• Do your samples need to be trimmed or dissected post processing? **Yes**    **No**

If so, please use the space below to explain how the samples need to be handled after processing. It is highly recommended that you come in and dissect your own samples after processing is complete for your own satisfaction.

• Do your samples need to be in a specific orientation when they are embedded?  **Yes**    **No**

If so, please describe in detail and DRAW how you want the sample to appear, from a bird’s eye perspective in the space below. The more details the better.
Do you have any special instructions or requests?  
Yes  No

If so, please describe them below.

Sectioning required?  
Yes  No

# sections per slide? ____________________________

Staining?  
Yes  No

Type of Staining required:

# of slides per staining method:

Biosafety level of sample  1  2  Other