

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