



Service Request Form

Please complete all fields and return with sample(s) to the Mouse Pathology Core Facility.

NAME:	ACCOUNT:
E-MAIL:	PRINCIPAL INVESTIGATOR:
PHONE:	DEPARTMENT:
BLDG, ROOM:	INSTITUTE:
TODAY'S DATE:	DATE REQUIRED:

Sample Information

1. Processing

Tissue type: _____
 Fixative used: _____
 Total number of samples: _____

2. Embedding

Paraffin Frozen EM
 Orientation of the tissue: _____
 Structures needed in section: _____

3. Sectioning

Thickness of sections: _____ μ m
 _____ levels per block
 _____ Hematoxylin and Eosin stained slide per block / level
 _____ unstained slides per block / level
 Serial sectioning _____ sections per block

4. Staining

Histological staining: _____
 Immunohistochemical staining: _____
 If you would like to use your own primary antibody:
 Name: _____ Dilution: _____
 Storage: _____ Pretreatment: _____
 Test the best conditions for my antibody

5. Analysis

I just need the slides
 _____ pictures per slide
 A complete figure for my publication
 Cell quantification of _____
 I agree with the facility rules. _____

DATE / SIGNATURE

Mouse Pathology Core
Facility Use Only

DATE RECEIVED

DATE COMPLETED

SIGNATURE