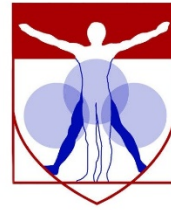


Histology Core Service Request Form

Please Fill Out Applicable Info

Place Labeled Samples on Tissue Processor

Leave Form in Paper Tray on Counter Next to Tissue Processor



PENN

CENTER for

MUSCULOSKELETAL

DISORDERS

Name: _____ Email: _____

Project Description (1-2 sentences describing project goals - required unless paraffin processing only):

Species: _____ Tissue: _____ P.I.: _____

P.I. Email: _____ Drop-Off Date: _____ Date Needed: _____

**Samples for Paraffin Processing must be fixed e.g. in formalin, decalcified (if desired), rinsed, put in 70%EtOH prior to drop off*

Paraffin

Processing:

Tissue Processor

Yes # of samples: _____

Processor Cycle (if known):

If unknown consult the Core first

Embedding:

Yes

Sectioning and/or Staining:

Yes [Complete Adjacent Table]

Sectioning & Staining

Sample No.	Section Thickness (um)	# of sections per slide	# of Slides	Stain Type [if desired]
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Plastic

Embedding:

Yes # of samples: _____

Sectioning and/or Staining:

Yes [Complete Adjacent Table]

Frozen

Sectioning and/or Staining:

Yes [Complete Adjacent Table]

Additional Instructions:

Please contact Waixing Tang with any questions: waixing@pennmedicine.upenn.edu - Stemmler 350

Note: Project requests that incur a cost greater than \$100 require PI approval before any completion of service

Project Estimate: _____

PI Signature: _____