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]

Plastic

Embedding:

☐ Yes   # of samples: _____

Sectioning and/or Staining:

☐ Yes [Complete Adjacent Table]

Frozen

Sectioning and/or Staining:

☐ Yes [Complete Adjacent Table]

Sectioning & Staining

Section	Section Thickness (um)	# of sections per slide	# of Slides	Stain Type [if desired]

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: _____