** Histology Core Service Request Form *Please Fill Out Applicable Info***

***Email to Dr Edgardo Arroyo and arrange sample drop off: arroyoe@pennmedicine.upenn.edu***

***Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***B.A./Grants Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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***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: Sectioning:

Yes  Yes [Complete Adjacent Table]

Staining:  Yes [Complete Adjacent Table]

**Sectioning & Staining**

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

Embedding: Sectioning:

Yes  Yes [Complete Adjacent Table]

Staining:  Yes [Complete Adjacent Table]

**Plastic** Embedding:

Yes # of samples: \_\_\_\_\_\_

Sectioning:  Yes [Complete Adjacent Table]

Staining:  Yes [Complete Adjacent Table]

**Slide Scanning (bright field)**  Yes

# of slides: \_\_\_\_\_\_ Objective  x10  x20

***Additional Instructions:***

**\*Please contact Edgardo Arroyo with any questions:** [**arroyoe@pennmedicine.upenn.edu**](mailto:arroyoe@pennmedicine.upenn.edu) **- Stemmler 350\***

**Note: Project requests require PI approval before any completion of service**

Project Estimate: ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** PI Signature: ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***