

Histology Core Service Request Form

Please Fill Out Applicable Info

Email to Dr. Edgardo J. Arroyo and arrange sample drop off:

arroyoe@penncmedicine.upenn.edu



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: Sectioning:

Yes Yes [Complete Adjacent Table]

Staining: Yes [Complete Adjacent Table]

Sectioning & Staining

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

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 J. Arroyo with any questions: arroyoe@penncmedicine.upenn.edu - Stemmler 350

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

Project Estimate: _____

PI Signature: _____