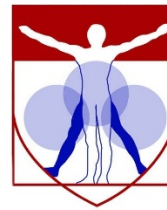


Histology Core Service Request Form

Please Fill Out Applicable Info

Place Labeled Samples on Tissue Processor

Send Form to arroyoe@pennmedicine.upenn.edu and leave a copy next to your samples



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 Dr. Arroyo with any questions: arroyoe@pennmedicine.upenn.edu - Stemmler 345 Note:

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

Project Estimate: _____

PI Signature: _____