Histology Core Service Request Form

PENN Center for Musculoskeletal Disorders

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

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

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

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: _____