



UNIVERSITY OF CALIFORNIA SAN DIEGO, MOUSE HISTOLOGY REQUEST FORM

Glycobiology Research and Training Center Histology Core

Biomedical Research Facility II on Osler Lane

<http://mousepheno.ucsd.edu/>

Floor 4 Lab 4217 Bay MM : (858) 534-2544

Please complete Section I and II only:

Thank you!

SECTION I: Customer Information

Date: _____ Customer: _____ Principal Investigator: _____ PI initial to OK work to be done: _____

Phone: _____ Email: _____

Index/PO #: _____

SECTION II: Material Submitted

Species: _____

Type of Samples:

Frozen Tissue

Fixative used: _____

Fixed Tissue

Time in fixative: _____

Slides

Blocks

Tissue currently in: _____

List of Samples Submitted (MANDATORY):

Total # of Samples submitted: _____

Please list # of blocks and their labels

Specify Work Requested:	Embedding Diagram (optional)
<input type="radio"/> Blocks only	
<input type="radio"/> Slides:	
# of sections per slide: _____	
<i>For each subcategory below, write # per block:</i>	
<input type="radio"/> # of unstained slides: _____	Slide Diagram (optional):
<input type="radio"/> # of slides for H&E: _____	
<input type="radio"/> # of slides for special stain: _____ Specify Stain: _____	
<input type="radio"/> # of slides for IHC: _____ Specify primaries: _____	
<i>Note: Consider adding 1-2 slides for neg/pos ctrls</i>	

DID YOU TALK TO A HISTOTECH BEFORE YOU DROPPED OFF YOUR SPECIMEN?

Yes

No, but I will now


SECTION III: Technician Notes ONLY

Please include: Items completed, date completed, time taken, and any other relevant information

Overall Project Completed: _____

Recharge Form #: _____


one



):

