Histology Core Work Request - MMA

Accession #: _____

Principal Investigator: _____ Date Submitted: _____
Contact Person: _____ Date Needed: _____
Contacte e-mail & phone: _____ Account #: _____

Work Request (circle **all** that apply): Embed Section Stain

		embedding		enter # of slides per block for each stain					
Specimen ID	Tissue	vial	tube	fl-chrome	VKM	TRAP			**total**

* Tubes sutable only for cortical sections of rodent limb bones

Thickness of cancellous sections (um): _____ Thickness of cortical sections (um): _____

Special Instructions: _____
_____
_____

Comments: _____
_____
_____

FOR CORE USE ONLY		vial	tube						
	cassette	Em| Sc	Em | Sc	XtrSl	SpSc	dHE	SpSt	IHC/TUNEL	misc
total		|	|						

revised 3.9.18