RESEARCH HISTOLOGY WORK REQUEST

Date:_____

PI:_____

Name: _____ Phone Number:_____

FRS Number: _____ Email: _____

Services Requested:

Paraffin Processing and Embedding: Number of Samples _____

Paraffin Sectioning: Number of Slides per Block_____

Number of Sections per Slide _____

H&E Staining: Number of H&E per Sample/Block _____

Which Slide to Stain (first, last, etc…)_____

Special Staining: Type of Special Stain _____

Which Slide to Stain (first, last, etc…)_____

How the cassettes are labeled: _____

Special Instructions or Comments-*please provide any additional details below*:

_____

_____

_____

_____

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Any questions should be directed to the Histology Core Director:

Dr. Kevin Claffey

Phone: 860-679-8713

Email: claffey@nso2.uchc.edu