

Ophthalmic Histology Core Request Form

W. R. Freeman and L. Cheng Laboratory at Shiley Eye Institute, Room 210

CONTACT: Stephanie Landeros Phone: (951) 553-6276 Email: snlanderos@ucsd.edu



RESEARCHER INFORMATION

PI name: _____ Phone: _____ Request Date: _____
Email: _____ Dept.: _____ NIH Grant #: _____
Analysis Requested by: _____

TISSUE INFORMATION

Species: _____ Type of Organ: _____ Circle Type of Sample: Fixed Frozen
Fixative Used: _____ Time in Fixative: _____ Tissue Currently in: _____
Amount of Samples Submitted: _____
Cutting Thickness: _____

SPECIFIC REQUESTS

Blocks Only: Yes/No
Number of Slides for H&E Staining per Block: _____
Number of Slides Unstained per Block: _____

PICKUP/DROP OFF INSTRUCTIONS

RESEARCHER'S COMMENTS:

TECHNICIAN'S COMMENTS:

Sender's Name (print) _____ Date: _____

Signature: _____

*Please make sure to **acknowledge** the grant in the publications where histology was done

Embedding diagram (optional)		
Slide diagram (optional)		