UNIVERSITY OF CALIFORNIA, SAN DIEGO

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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					
				Request Date:	
Email:	=		NIH Grant #	:	
Analysis Requested by:		_			
TISSUE INFORMATION					
Species:Type	of Organ:		_ Circle Type of Sample	Fixed Frozen	
Fixative Used:	_ Time in Fixati	ve:	Tissue Curre	ntly in:	
Amount of Samples Submitte	ed:		<u>-</u>	Embedding diagram (option	
Cutting Thickness:					
SPECIFIC REQUESTS					
Blocks Only: Yes/No					
Number of Slides for H&E St	aining per Block	:		Slide diagram (optional)	
Number of Slides Unstained					
<u>PICKUP/DROP OFF INTRU</u>	<u>CTIONS</u>				
	C				
RESEARCHER'S COMMENT	<u>S:</u>				
TECHNICIAN'S COMMENTS	<u> </u>				
Sender's Name (print)		Dat	·e'		
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Signature:			_		
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*Please make sure to ackno	wledge the gran	t in the p	oudlications where histo	logy was done	