

Histology Research Core Facility: Tissue Data Sheet

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Rooms 212 and 214

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Requestor Name/E-mail: _____ Date _____

P.I. Name/Email: _____

Select Account Type (check one): Grant _____ State _____ Trust _____ UCRF _____ Other (please specify) _____

Business Unit: _____ Fund: _____ Source: _____ Dept ID: _____ Program ID(for grants) _____

For non-grant accounts Cost code#1: _____ Cost Code#2: _____ Cost Code#3: _____

Accounting Contact/Email: _____ Phone# _____

Tissue Information (NOTICE: Hazardous or pathogenic tissue samples must be indicated)

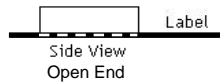
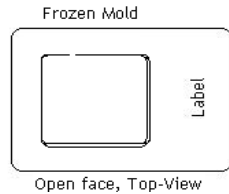
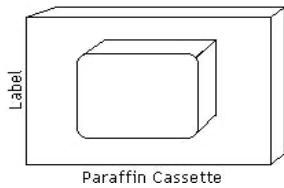
Number of Blocks _____ Type of Blocks: Paraffin Frozen Other _____

Block ID Numbers _____

Type of Tissue/Species _____ Tissue Pieces per Block _____

Fixation _____ Cryoprotection _____

Tissue Orientation in Block (please draw and indicate preferred cutting surface)



Sectioning / Collection

Collecting Sections: Serial Serial Interrupted Other _____

Section Thickness _____ μm If Serial Interrupted, Collect _____ sections. Skip _____ μm .

Plane of Reference: Transverse Sagittal Frontal Other _____

of Sections per Slide _____ # of Slides per Block _____ Sections separated for PAP well? Yes No

Pre-labeled slides provided? Yes No

Orientation on Slide (please draw)



Staining

- H&E CME MT Other _____
 Every Slide Slide Number(s) _____ Other _____
 IHC Fluorescence DAB Ab's _____

Comments / Special Instructions: