**University of New England**

**COBRE Histology and Imaging Core**

**Work Request Form**

**Contact Information:**

Investigator: Contact Name:

Telephone: Contact Email:

Date of Submission: Desired Completion Date:

**Samples Delivered to Core** (*see Tissue Submission Form*)**:**

Species/Tissue: # Total Tissues: # Blocks:

Delivered in (solution): # Cassettes: # Slides:

**Work Requested** *(circle all that apply):*

Trimming/Grossing Processing Embedding Sectioning (Frozen/Paraffin)

H&E Special Staining Immunohistochemistry Imaging Staff Training

**Detailed Description of Work Requested** *(Include specifics, e.g. # of slides requested from each block, section thickness, tissue orientation, etc.)***:**

Peter Caradonna, B.S. Derek Molliver, Ph.D.

Histology and Imaging Core Manager Histology and Imaging Core Director

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**University of New England**

**COBRE Histology and Imaging Core**

**Tissue Submission Form**

Contact Name : Contact Email:

Date of Submission: Desired Completion Date:

Tissue format(s): Whole tissue Histo cassette Embedded block Slide

Sample delivered in (if not embedded/cut already):

Formalin PFA 70% ethanol PBS 30% sucrose Other

Please list all tissue submitted with identification:

Additional Comments/Instructions: