



# IGB Histology Laboratory Submission Form

Date Submitted \_\_\_\_\_ Date Desired \_\_\_\_\_ Date completed: \_\_\_\_\_

Account # \_\_\_\_\_ Principal Investigator: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Species \_\_\_\_\_ Type of tissue: \_\_\_\_\_ Fixative: \_\_\_\_\_

### Service Requested:

Trimming and/or Cassetting: \_\_\_\_\_ Yes \_\_\_\_\_ No

Processing: \_\_\_\_\_ Regular \_\_\_\_\_ Short \_\_\_\_\_ Other

Embed: \_\_\_\_\_ Paraffin \_\_\_\_\_ Plastic \_\_\_\_\_ Frozen

Any special orientation at embedding? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain: \_\_\_\_\_

### Sectioning: Regular sectioning (one section/slide) \_\_\_\_\_

Serial (consecutive) sections \_\_\_\_\_ #Sections per block \_\_\_\_\_ # Sections/slide \_\_\_\_\_

Step sections: \_\_\_\_\_ How many microns between steps? \_\_\_\_\_

Number of sections/block \_\_\_\_\_ Number of sections/slide \_\_\_\_\_

### Staining Desired:

Hematoxylin and Eosin (H&E) \_\_\_\_\_ Unstained \_\_\_\_\_

IHC (antibody): Name of Antibody \_\_\_\_\_

Will you supply antibody? \_\_\_\_\_ Yes \_\_\_\_\_ No **If yes, please supply protocol.**

Other (please specify) \_\_\_\_\_

Do you need an Antibody work up for a new Antibody? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Total no. of Blocks** \_\_\_\_\_ **Total no. of Slides** \_\_\_\_\_

Comments:

Picked up by \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to  
Donna Epps,  
University of Illinois,  
Institute for Genomic Biology  
123 IGB, MC-195  
1206 W. Gregory Dr., Urbana, IL 61801

Questions, contact Donna Epps, 244-9123.

---

IGB Internal Use: \_\_\_\_\_ Time spent on project \_\_\_\_\_ \$ Fee Charged  
\_\_\_\_\_ Other charges \_\_\_\_\_ # Slide box(es) @ \$ \_\_\_\_\_ ea.