

Histology Research Core Facility:

101 Mason Farm Rd.
Glaxo Research Building
Rooms 004 & 007

Tissue Data Sheet

Contact: Kirk McNaughton
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Phone: 919-966-1202

Requestor Name/E-mail: _____ Date _____

P.I. Name/Email: _____ Grant # _____

Accounting Contact/Email: _____ Phone# _____

Tissue Information

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

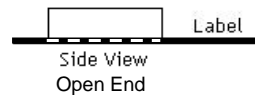
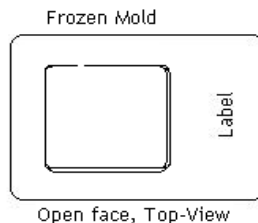
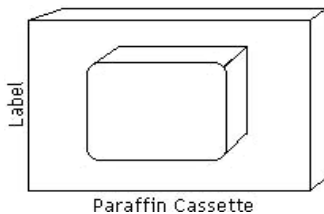
Block ID Numbers _____

Type of Tissue/Species _____ Tissue Pieces per Block _____

Fixation _____ Cryoprotection _____

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

Frozen Peel-A-Way Mold



Sectioning / Collection

Collecting Sections: ☐ Serial ☐ Serial Interrupted ☐ Other _____

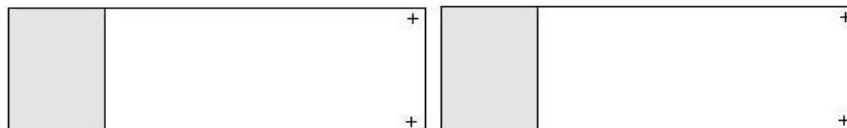
Section Thickness _____ μm If Serial Interrupted, Collect _____ sections. Skip _____ μm .

Plane of Reference: ☐ Transverse ☐ Sagital ☐ 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: