

# Histology Research Core Facility: Tissue Data Sheet

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

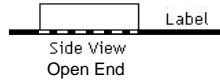
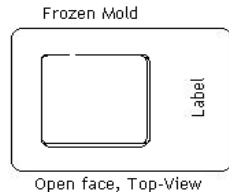
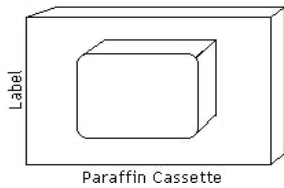
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Phone: 919-966-1202

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 \_\_\_\_\_  $\mu\text{m}$  If Serial Interrupted, Collect \_\_\_\_\_ sections. Skip \_\_\_\_\_  $\mu\text{m}$ .  
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: