

WORK REQUEST FORM

All areas of this form must be completed, submitted for review and approval before any work begins.

Please attach a brief summary of the project and histology protocol if available.

Email completed form to yulia.yerofeyeva@sri.utoronto.ca or print and bring to C7 BIRL Lab

Date submitted:		Requested by:	Name
Investigator:			Email
Institution/Department:			Phone
Billing Instructions/CC:			

SPECIMEN INFORMATION

- Human tissue
- Animal tissue
- Cultured cells
- Other

Specimen type, #, ID, indicate if fixed and/or sliced:

REB/ACURF approval #:	
Approval expires:	
Date(s) delivered:	
To be completed by (check with BIRL):	
Pre-processing steps (gel embedding, slicing, decalcification, defat)	

WORK TO BE PERFORMED

Slides, " #	
1x3	
2x3	
3x4	
4x5	
5x7	

Tissue Processing
Paraffin embedding
Specimen CT.

Optical imaging

Total # cassettes (blocks):

Sectioning:

of sample locations:

Distance btw sample locations:

of sections from each sample location:

of unstained sections:

of H&E sections:

of specially stained sections:

Immuno staining/antibody:

(specify, if supplied by investigator)

Other (IF):

Slide scanning required:

Scanning requirements:

(BF, IF, resolution, filters)

Scanned by BIRL

Self service

Training req-d

Disposal of specimen (date, contact, specific instructions) and any other instructions:

APPROVAL

Approved by:

Date: