

Molecular and cellular biology research
HISTOLOGY CORE FACILITY SERVICE REQUEST FORM



Contact: Petia

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🌐 <http://sunnybrook.ca/research/?page=histology>

☎ 416-480-6100, ext. 3356

📠 416-480-5737

Date submitted: month _____ day _____ year _____

SECTION A:

PI's or researcher's name: _____

Principal investigator's signature: _____

Cost centre number: _____

Your contact information: _____

(e.g. telephone and/or extension, e-mail, fax)

SECTION B: Sample/s submitted. (Please check the appropriate box)

Tissue (in cassette) (please specify. e.g. calcified tissue, brain, vessel, liver, kidney....)

Fixative used/ Pretreatment done: _____

Duration of sample in fixative: _____ (hour/s, day/s, week/s, month/s)

Pre-existing paraffin block/s: _____ (quantity)

Embryo (please specify) _____ Other _____

Tissue in OCT

Pellet/s, cells in agarose

SECTION C: Work to be performed. Please check the appropriate box and fill in the table.

Processing only

Paraffin section and stain (if any)

Frozen section and stain (if any)

cassette/block	# of slides	# of sections per slide	stained (specify)/unstained/special

Use separate sheet if needed.

Vibratome: thickness _____ *um* # of section/s _____ Post treatment (if any): _____

Other: _____

SECTION D: For histology personnel use only.

Processed

H & E

Unstained

Tissue processing only

Embedded

H & E recut

Frozen sectioning

Vibratome sectioning