

UMMC CARDIORENAL AND METABOLIC DISEASES HISTOLOGY CORE WORK REQUEST FORM

Investigator Information			
Name:		Campus Phone:	
E-mail Address:		Date Submitted:	
Faculty Lab/ PI:		Date Needed:	
Department:		Date Completed :	
Campus Lab Address:		Number of samples submitted:	

SPECIMEN DESCRIPTION	TISSUE TYPE	SPECIFY FIXATIVES USED:
Animal:		
Human:		
Radioactive(yes or no):		
Other:		
Please notify if hazardous samples will be used		

MICROTOMY SPECIFICATIONS				
Type Of Specimen	thickness (microns)	# of slides per block	# of sections per slide	Stains Desired
1.				
2.				
3.				
4.				
5.				

FUNDING INFORMATION							
NIH:	NCI:	NSF:	DOD:	NASA:	USDA:	DOE:	OTHER:

BILLING INFORMATION											
Acct Number:	Fund:	Org:	Dept.:	Sdept:	Grant/Program	Inst/Acct	Org Acct:	D/A:	Fn:	Cost Ctr:	% Split

Comments:

