

MOUSE HISTOLOGY AND PHENOTYPING LABORATORY

NUMS-NMH-RIC-AFFILIATES

Tel: 312-503-2679

Fax: 312-503-2369

710 N. Fairbanks Court, Olson Pavilion 8-333

Hours of Operation: M-F 8:30AM - 5:00PM

Chicago, IL 60611

Email: mhpl@northwestern.edu

Web: <http://mhpl.facilities.northwestern.edu/>

NUcore Order No. _____

MHPL Accession No. **MP17-** _____

Date _____ Cancer Center Member Yes No
 Chart String (or PO) No. _____ Department _____
 PI-Name _____ Phone _____
 Requester _____ Phone _____
 E-mail _____ E-mail _____

The following information will be needed to process the order:

- Type of tissue and from what species _____
- Type of fixation and for how long in fixative _____
- Tissue is currently stored in and for how long _____
- Total number of samples or cassettes N = _____

PROCESSING: Paraffin Process and Embed Paraffin Process Only Already Embedded Frozen Staining

SECTIONING: *Per sample or cassette* _____ Paraffin (routine: 4um) section thickness
 _____ # of slides _____ # of sections (cuts) on ea slide _____ Frozen (routine: 10um) section thickness
 Serial section until tissue is gone Level/step section _____ # of microns between each section

STAINING: Write the number of slides per sample or cassette for each stain listed:

_____ H&E _____
 _____ Unstained on charged plus slides _____
 _____ Special Stain(s) _____
 _____ IHC (List Antibodies) _____
 _____ IFC (List Antibodies) _____

OTHER FORMS:

- Complete List of Specimen IDs (**REQUIRED:** see form on second page)
- Additional Special Instructions (*optional: please attach if applicable*)

Slide box provided by requester 100 ct 25 ct Other _____

NOTES:

Confirmed by _____

MHPL use only (MHPL staff must initial and date for each step):

Processing schedule ASP300 TP1020 NBF 70% EtOH Decal (6 hours) _____ Date
 20 min 30 min 45 min 1 hr 1.5 hr 2 hr

Embed _____ Date	H&E Stain _____ Date	QC _____ Date	Entered _____ Date
Cut _____ Date	SP Stain _____ Date	QC _____ Date	Notified _____ Date
	IHC Stain _____ Date	QC _____ Date	NUCORE _____ Cart

Tech Notes _____

Sample Submitted

MHPL Accession No. **MP17-**_____

PI-Name _____

Requester _____

No.	Specimen ID	Organs	Comments
1			
2			
3			
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