

# MOUSE HISTOLOGY AND PHENOTYPING LABORATORY

Tel: 312-503-2679 Fax: 312-503-2369  
Hours of Operation: M-F 8:00AM - 4:00PM  
<http://mhpl.facilities.northwestern.edu>

710 N. Fairbanks Court, Olson 8-333  
Chicago, IL 60611  
Email: [mhpl@northwestern.edu](mailto:mhpl@northwestern.edu)

MHPL Accession No. MP19-

NUCore Order No. \_\_\_\_\_

Date: \_\_\_\_\_ Cancer Center Member:  Yes  No  
PI Name (full): \_\_\_\_\_ Department: \_\_\_\_\_  
Requester: \_\_\_\_\_ Additional Contact: \_\_\_\_\_  
Email: \_\_\_\_\_ Additional Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Additional Phone: \_\_\_\_\_

## 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

### SECTIONING (per sample or cassette):

\_\_\_\_\_ # of slides \_\_\_\_\_ # of sections (cuts on each slide) \_\_\_\_\_ Paraffin (routine 4µm) section thickness  
 Serial section until tissue is gone  Level / step section \_\_\_\_\_ Frozen (routine 10µm) section thickness  
\_\_\_\_\_ # 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) \_\_\_\_\_

### TISSUE CLEARING

Tissue type: \_\_\_\_\_  
 Endogenous GFP  Endogenous RFP  Other: \_\_\_\_\_  
Additional Details About Tissue: \_\_\_\_\_  
 RiMS 150 mls  RiMS 15 mls

### Other Forms:

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

Do you need a slide box?  Yes  No

Notes / Special Instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Processing Schedule: <input type="checkbox"/> ASP300_1 <input type="checkbox"/> ASP300_2 <input type="checkbox"/> VIP <input type="checkbox"/> NBF <input type="checkbox"/> 70% EtOH	_____ Date		
<input type="checkbox"/> 15 min <input type="checkbox"/> 30 min <input type="checkbox"/> 45 min <input type="checkbox"/> 1 hr <input type="checkbox"/> 1.5 hr <input type="checkbox"/> 2 hr	Decal: _____ Date		
Embed _____ Date	H&E Stain _____ Date	QC _____ Date	Notified _____ Date
Cut _____ Date	SP Stain _____ Date	QC _____ Date	NUCORE _____ Date
Tis. Clear _____ Date	IHC Stain _____ Date	QC _____ Date	

Tech Notes: \_\_\_\_\_

# SAMPLES SUBMITTED

MHPL Accession No. MP19-

PI Name (full): \_\_\_\_\_

Requester: \_\_\_\_\_

No.	Specimen ID	Organs	Comments
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