

# CMSR – Histology Core Work Order # \_\_\_\_\_

Submitted By: _____	Date: _____	Phone/E-mail: _____
PI, Sponsor, or Collaborator: _____	Account/ Project: _____	

<b><u>Fixation</u></b> (reagent / time): _____	<b><u>Decal</u></b> (reagent / time): _____	
<b><u>Specimen Type</u></b> : <input type="checkbox"/> Mouse <input type="checkbox"/> Rat <input type="checkbox"/> Human <input type="checkbox"/> Other _____		
<input type="checkbox"/> Bone: _____	<input type="checkbox"/> Calvaria	<input type="checkbox"/> Spine/Tail
<input type="checkbox"/> Joint: _____	<input type="checkbox"/> Tendon	<input type="checkbox"/> Soft tissue: _____
<input type="checkbox"/> Fracture: Femur or Tibia	<input type="checkbox"/> Embryo	<input type="checkbox"/> Other: _____
Number of Blocks: _____	Block Codes: _____	

**Decalcification**:  Decal only  14% EDTA  Webb-Jee Required duration: \_\_\_\_\_

**Frozen services**:  Frozen Processing  Embedding  Sectioning  Staining

**Paraffin processing**:  Process only  Process and Embed  Sectioning  Staining

**Sectioning**:  Serial sections No. of sections: \_\_\_\_\_

Levels No. of Levels: \_\_\_\_\_ Sections per Level: \_\_\_\_\_

Section Thickness:  4µm  5µm  Other: \_\_\_\_\_

**Staining**:  H&E: Bone  H&E: Soft tissue  ABH/OG  ToIB/FG  SO/FG  TRI

TRAP  Brown-Brenn  FAST  Other: \_\_\_\_\_

**Specific tissue targets**:  Medial bone/ growth plate  Articular cartilage

Other: \_\_\_\_\_

**Additional Information/ Instructions**:

<b><u>Histology Core Use Only</u></b>	Initial and date when complete
Received by: _____	Date: _____ Received in: (solution): _____
Decal type: _____	Started: _____ Removed: _____
Processing: _____	Embedding: _____ Sectioning: _____
Staining: _____	Project completed: _____