

Center for Musculoskeletal Research - Histology Core - Work Order Form

Submitted By: _____ Date: _____ Phone/E-mail: _____

PI, Sponser, or Collaborator: _____ Account #: _____

Fixation (list reagent / time): _____

Processing (circle one): Paraffin Frozen

Specimen Type (circle species and check tissue type): Mouse Rat Human Rabbit Other

Medial Bone/Growth Plate: _____ Articular Cartilage: Consecutive _____ or Levels _____

Fracture: Femur _____ or Tibia _____ Spine/Tail: _____

Calvaria: _____ Tendon: _____

Embryo: _____ Other: _____

Number of Blocks (to process): _____ Block Codes: _____

Number of Blocks (to embed): _____ Block Codes: _____

Number of Blocks (to section): _____ Block Codes: _____

Sectioning:

Number of Levels: _____ Sections per Level or Total # of Sections: _____

Section Thickness (circle or specify): 5µm Other: _____

Staining (check box):

H&E _____ ABH/OG _____ ToIB/FG _____ SO/FG _____ TRI _____ TRAP _____

Number of Slides per Block: _____

Additional Information:

(Histology Core Use Only)

Received by: _____ Date: _____

Received in: (solution and temp): _____

Decalcification type: _____

Started (initial and date): _____ Removed (initial and date): _____

Processing (initial and date when complete): _____

Embedding (initial and date when complete): _____

Sectioning (initial and date when complete): _____

Project completed (initial and date when complete): _____