

Center for Musculoskeletal Research - Histology Core - Work Order Form

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

Fixation (reagent / time): _____ Decal (reagent / time): _____

Specimen Type : Mouse Rat Human Other _____

Medial Bone/Growth Plate Calvaria Spine/Tail
 Articular Cartilage Tendon Soft tissue: _____
 Fracture: Femur or Tibia Embryo Other: _____

Number of Blocks: _____ Block Codes: _____

Decalcification:

Decal only 14% EDTA Webb-Jee

Frozen services:

Frozen Processing Embedding Sectioning Staining

Paraffin processing:

Process only Embedding

Sectioning:

Number 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

Other: _____

Additional Information/ Instructions:

Specific tissue targets: _____

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