

DDRCC Morphology Core Request for Service

Contact Person: _____ PI: _____

Phone: _____ Date of Request: ____/____/____

Campus Box: _____ E-mail: _____

Department # _____

Summary/title of project: _____ Funding Source: _____

Membership: Full Associate Pilot & Feasibility Affiliate

Specimen Submission

Paraffin Blocks: RUSH: Y / N **Scope Use:** Time IN: _____

Number of specimens _____ Time OUT: _____

Submitting previously processed paraffin blocks Y / N

Submitted in cassettes Y / N NUANCE or ZEISS

Fixative Used: _____ Agar: Y / N

Cryostat Use: Time IN: _____

Time OUT: _____

Frozen Sections: Specimens submitted: # _____

Cell/Culture: Wells/coverslips/slides submitted: # _____

Stain Requests: H&E # _____ Unstained Slides # _____

Special Stains: Trichrome # _____ PAS # _____ ORO # _____ Steiner # _____ Other _____ # _____

Immunohistochemistry (IHC): BRDU _____ Caspase-3 _____ Tunel _____ PCNA _____ B-Catenin _____

Cox-2 _____ ER/PR _____ MAC-3 _____ Keratin _____ MSA _____ Other (Provided by PI) _____

Chromagen: DAB (Permanent) Fluorochrome: FITC CY2 CY3 CY5 Texas Red Rhodamine Red

Comments: _____

Signature of person picking up work: _____

LEAVE THIS FORM WITH THE MORPHOLOGY CORE

FOR CORE USE ONLY ***DO NOT WRITE BELOW THIS LINE***** FOR CORE USE ONLY**

Type of Block	Number of Blocks	H&E Slides	Unstained Slides	IHC Procedure/ Slide	Histochemical procedures/Slide #	Misc.
Paraffin						
Frozen						
MC Core Directors			Phone #	Fax #	E-mail	
Deborah Rubin, M.D.			362-8935	362-8959	drubin@wustl.edu	
Kymberli Carter -Supervisor			362-8949	362-8959	kcarter@im.wustl.edu	
Emergency phone			314-443-2152	Website: DDRCC.WUSTL.EDU		
Angela Hamer			362-8949	362-8959	afelton@dom.wustl.edu	

Requested Services Contacts:

- Histology Component - contact Kymberli Carter, 362-8949
- Confocal Component - contact Dr. Robert Wilkinson, 362-2300
- Electron Microscopy Component - contact Marilyn Levy, 362-2506
- Laser capture microscopy component - contact Vicky Holtsclag, 454-7605