

iLabs #

T #

<b>TACMASR Request Form</b> <i>Tissue Acquisition and Cellular/Molecular Analysis Shared Resource</i> University of Arizona Cancer Center, Room 0917, 626-7319 <a href="mailto:uacc-tacmass@uacc.arizona.edu">uacc-tacmass@uacc.arizona.edu</a> <b><i>*Please email or bring in a copy of this form filled out*</i></b>	
<b>Date submitted</b>	
<b>PI Name and Title</b>	
<b>PI Department</b>	
<b>PI Membership in UACC Program</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Account</b>	
<b>Grant Title</b>	
<b>Peer reviewed</b>	<input type="checkbox"/> NIH <input type="checkbox"/> Other (list)
<b>Contact name and title/position</b>	
<b>Email and telephone</b>	
<b>Project Name</b>	

<p><u>Describe the specimens you are submitting (check all that apply)</u></p> <p># of specimens submitted <input type="text"/></p> <p><input type="checkbox"/> Human tissue  <i>Provide Determination of Human Research or your IRB approval if submitting human tissue</i></p> <p><input type="checkbox"/> Mouse tissue/xenograft</p> <p><input type="checkbox"/> Rat tissue</p> <p><input type="checkbox"/> Other tissue host</p> <p><input type="checkbox"/> Cell line (describe below)</p> <p><input type="checkbox"/> FFPE blocks</p> <p><input type="checkbox"/> Frozen tissue</p> <p><input type="checkbox"/> Unstained Slides</p> <p><input type="checkbox"/> Other: _____</p> <p><b>Tissue submitted in:</b></p> <p><input type="checkbox"/> 10 % NBF Date/Time: _____</p> <p><input type="checkbox"/> 70% ETOH</p> <p>Other: _____</p>	<p style="text-align: center;"><u><b>Type of project (check all that apply)</b></u></p> <p><input type="checkbox"/> Make paraffin blocks <input type="checkbox"/> Decalcification</p> <p><input type="checkbox"/> Embedding (list instructions below)</p> <p><input type="checkbox"/> Cut tissue sections, please list no. of slides <i>per block</i></p> <p>Unstained <input type="text"/> H&amp;E <input type="text"/> Special stain <input type="text"/> IHC/Vial <input type="text"/></p> <p>List special stain <input type="text"/></p> <p>Section per slide <input type="text"/> Section thickness <input type="text"/> Step size <input type="text"/></p> <p><b>IHC:</b></p> <p><input type="checkbox"/> IHC PI provided antibody</p> <p><input type="checkbox"/> IHC TACMASR provided antibody</p> <p>List antibodies <input type="text"/></p> <p><b>Please submit spec sheet or catalog number of antibody.</b></p>
---	--

***Embedding Instructions:***

***Specify the tissues that are to be embedded and processed:***

**For office use only**

Txfr to cassettes	Processed	Embedded	Sectioned	Stained	Reviewed	Released