

**Project No.**

*For Internal Lab Use Only*

## Molecular & Histopathology Core

Doug Stairs, Ph.D, Director

<b>Principal Investigator</b>		<b>Date Submitted</b>	
<b>Department</b>		<b>Desired Completion Date</b>	
<b>Phone</b>		<b>Budget/Fund Number</b>	
<b>Email</b>		<b>Budget Amount</b>	
<b>IRB Approval</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>IRB Number</b>	

### Work Requested *(Check all that apply)*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Retrieve Slides/Blocks      | <input type="checkbox"/> Hematoxylin & Eosin Staining                            | <input type="checkbox"/> Tissue Microarray Construction    |
| <input type="checkbox"/> Process & Embed Tissue      | <input type="checkbox"/> Histochemical Stains <i>(List Stains Below)</i>         | <input type="checkbox"/> Laser Capture Microdissection     |
| <input type="checkbox"/> Unstained Paraffin Sections | <input type="checkbox"/> Immunohistochemistry <i>(List Stains Below)</i>         | <input type="checkbox"/> CoPath Searches                   |
| <input type="checkbox"/> Unstained Frozen Sections   | <input type="checkbox"/> <i>in situ</i> Hybridization <i>(List Probes Below)</i> | <input type="checkbox"/> Other <i>(List Details Below)</i> |

### Sample Information

Number of Samples \_\_\_\_\_ Tissue Types:  Human    Rat   Biosafety Level  BL1    BL2    BL2+  
 Mouse    Other  
 Samples Require Coding  Yes    No

### Additional Notes:

Principal Investigator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed forms to:

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