

HISTOLOGY CORE – INSTITUTE OF BIOMEDICINE

TISSUE PROCESSING AND EMBEDDING

Date: _____ Orderer: _____

Deadline (only if urgent) and reason: _____

Billing address (For internal invoice: Name of the PI, Cost pool (kustannuspaikka), Department / Laboratory, TY project code 26xxxxx):

The project expires in less than 3 months time: . Expiration date: _____

Contact information

E-mail: _____ Phone: _____

Sample origin (human, mouse, rat etc.): _____

Sampling date: _____

Fixative: _____

Dehydration date (moved into EtOH): _____

Processing (*filled by Histocore*):

Done by	Date	Number of blocks	Time

Sample information (codes, reagent where the samples are now, etc. Separate attachment can also be used):

Remember to acknowledge us in your publications (for example, The histological methods were performed by the Histology core facility of the Institute of Biomedicine, University of Turku, Finland) and send us (histocore@utu.fi) a reference, e.g. PubMed ID, to your publications, please.

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MARK THE TISSUES AND DRAW THE TISSUE ORIENTATION, IF RELEVANT:

Adrenal gland:	Mammary gland:	Umbilical cord:
Aorta:	Muscle:	Urethra:
Bladder:	Ovary:	Uterus:
Brain:	Pancreas:	Vagina:
Epididymis:	Pituitary:	
Eye:	Preputial gland:	
Fat (WAT, BAT):	Prostate (block, separate lobes):	
Foot:	Spleen:	
Heart:	Stomach:	
Intestines (small intestine, colon, rectum)	Tail:	
Kidney:	Testis:	
Leg (tibia):	Thigh (Femur):	
Liver:	Thymus:	
Lung:	Thyroid:	
Lymph node:	TURP:	