



E-Number	will be filled by CeP
Prim Key	will be filled by CeP
MTBIO Number	will be filled by CeP
For MTBIO: Type of sample	<input type="checkbox"/> fresh tissue <input type="checkbox"/> cryo <input type="checkbox"/> paraffin block <input type="checkbox"/> Pax <input type="checkbox"/> other
Date:	
Institute:	
PI:	
Submitted by:	
Phone/mail:	
Funding/Billing:	

Research topic:	
------------------------	--

Tissue submission (E number)	
Number of samples	
Species	

Embedding	
Fixation state of samples:	
Special orientation needed?	<input type="checkbox"/> no <input type="checkbox"/> yes: _____

Cutting	
# of slides to be cut per block	o list is attached
Which kind of glass:	<input type="checkbox"/> Standard (HE) <input type="checkbox"/> Superfrost Plus (IHC) <input type="checkbox"/> Other: _____

Staining	
HE/special stainings:	
Immunohistochemistry (IHC): <u>please contact us to check if antibody is available</u>	

Scanning	
number of slides	
save to:	<input type="checkbox"/> HD (label your HD with E number and name) <input type="checkbox"/> eSlide Manager, your account name: _____
Resolution (20/40x)	

Slide storage	
empty cuts	<input type="checkbox"/> in CEP archive <input type="checkbox"/> pick up
stained slides	<input type="checkbox"/> in CEP archive <input type="checkbox"/> pick up

Histological evaluation	<input type="checkbox"/> no <input type="checkbox"/> yes/ pathologist: _____
--------------------------------	--

Additional work/submissions

Date	Number of blocks/slides
responsible TA	will be filled by CeP

