

UW SDRC ECPC Immunohistochemistry (IHC) Request Form

Date of Request: _____ PI: _____ Dept: _____
 Co-I: _____ Dept: _____

Requester

Name: _____ Department: _____
 E-mail: _____ Phone: _____

Accounting # (For billing purposes):

Fund:	Dept:	Prog:	Proj:	Code:
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*HSC IRB Study Protocol #:		Histology Type		Stain		Slides	Slides	Charge
List each sample on a separate line. Complete a new sheet if > 5 samples		Paraffin	Frozen	Type	# Slides	Un-stained	Total	
1								
2								
3								
4								
5								
Primary Antibody:		Antibody 2:			Antibody 3:			
Antibody Validated? Y N		Antibody Validated? Y N			Antibody Validated? Y N			
Lot #		Lot #			Lot #			
Catalog #		Catalog #			Catalog #			
Condition for antibody storage:		Condition for antibody storage:			Condition for antibody storage:			
Starting concentration of antibody:		Starting concentration of antibody:			Starting concentration of antibody:			
Additional Instructions:								
Rnase free required: Y N		Circle: Fresh Fixed			Date tissue collected:			
Time in fixative:		Fixation:			Tissues now stored in:			
Other Comments:								

Certification of Usage: I verify that the tissue requested will only be used for purposes described above or in the IRB approved protocol provided. I also certify that research personnel involved in the project have completed the required human subjects training. By signing, I further agree to provide follow-up on the use of these specimens, including in grant proposals, publications, and presentations and will acknowledge support for services received from UW SDRC.

Investigator signature: _____ Date: _____

Please fax completed form to 608-263-5223 or email to sdrc@dermatology.wisc.edu

For Office Use Only (date and initials)

Received: _____ Reviewed: _____ Approved: _____

Dept. of Dermatology HSC# _____ PI: _____