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:

*HSC IRB Study Protocol #:

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<th>HSC IRB Study Protocol #</th>
<th>Histology Type</th>
<th>Stain</th>
<th>Slides</th>
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<th>Charge</th>
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<td>Frozen</td>
<td>Type</td>
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Primary Antibody:  Antibody 2:  Antibody 3:  

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:

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 email completed form to sdrc@dermatology.wisc.edu.

For Office Use Only (date and initials)
Received:_______________________ Reviewed:_______________________ Approved:_______________________
Dept. of Dermatology HSC# _________________________  PI:____________________________