

## 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:	
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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 email completed form to [sdrc@dermatology.wisc.edu](mailto:sdrc@dermatology.wisc.edu).**

For Office Use Only (date and initials)

Received: \_\_\_\_\_ Reviewed: \_\_\_\_\_ Approved: \_\_\_\_\_  
 Dept. of Dermatology HSC# \_\_\_\_\_ PI: \_\_\_\_\_