CMPB Immunohistochemistry Submission Sheet

Date: _____

Name of person submitting work: _____

Group: _____ If DIR, please include Pathology Approval # _____

Phone Ext:_____

Group Leader: _____

Work Requested:

Number of Samples: _____

*Please provide name of antibody, place a check for cellular localization and antibody source (commercial or non-commercial) below.

Antibody 1	Nuclear ☐	Peri-Nuclear ☐	Cyto ☐	Membrane ☐	Cmm Ab ☐	Non-CmmAb ☐
Antibody 2	Nuclear ☐	Peri-Nuclear ☐	Cyto ☐	Membrane ☐	Cmm Ab ☐	Non-CmmAb ☐
Antibody 3	Nuclear ☐	Peri-Nuclear ☐	Cyto ☐	Membrane ☐	Cmm Ab ☐	Non-CmmAb ☐
Antibody 4	Nuclear ☐	Peri-Nuclear ☐	Cyto ☐	Membrane ☐	Cmm Ab ☐	Non-CmmAb ☐

Sample Information

Tissue Species: _____ Tissue Type: _____ Tissue Fixative: _____ Time in Fixative: _____

Submission Medium: Paraffin Embedded Tissue ☐ Frozen tissue ☐ Cell culture ☐

Chemical treatment(s), if applicable_____

Approximate age of submitted slides_____

*Please provide positive control tissue, place a check if a western and/or if a protein assay was done per antibody.

Antibody 1 Positive Control_____ Western_____ Protein Assay____

Antibody 2 Positive Control_____ Western_____ Protein Assay____

Antibody 3 Positive Control_____ Western_____ Protein Assay____

Antibody 4 Positive Control_____ Western_____ Protein Assay____

Chemical treatment(s) used on samples, if applicable_____

Pathology Report Requested ◯ YE S ◯ NO

CMPB staff members who make a tangible contribution (e.g., methods development, slide interpretation, literature review, color plate production) to the project should be considered for co-authorship.

_____

Primary Investigator's Signature: Date:

Project Description/Comments:

_____

_____

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Please attach a project tissue inventory list and any pertinent literature to the submission form.