

**DERMATOPATHOLOGY CORE - REQUEST FORM**  
**BOSTON UNIVERSITY SCHOOL OF MEDICINE**

To be completed by collector or study coordinator

Submission # \_\_\_\_\_  
*For lab use only*

Grant Title \_\_\_\_\_  
 Grant # \_\_\_\_\_ Project Reference # \_\_\_\_\_  
 Principle Investigator \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

**Ship To:**  
**Salma Goummih**  
**SScores / DermPath Lab**  
**609 Albany Street, J-312 A**  
**Boston, MA 02118**  
**(617) 638-5569**

**SAMPLE INFORMATION**

Donating for Core Use  Requesting Services ONLY **Sample Type:**  Human  Murine

**REQUESTED EXPERIMENTS**

*(check all that apply)*

	Sample Number/Name	Lesional	Non-Lesional	Derm Path Number <i>(for lab use only)</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

- Processing
- Embedding
- Sectioning unstained slides  
#slides per block \_\_\_\_\_
- H&E stain  
#slides per block \_\_\_\_\_
- IHC (specify antibody & #slides per block)  
\_\_\_\_\_  
\_\_\_\_\_
- Special stain(s) (specify stain & #slides per block)  
\_\_\_\_\_  
\_\_\_\_\_

Total # slides per block \_\_\_\_\_ Additional Comments \_\_\_\_\_  
 \_\_\_\_\_

**FOR NEW IHC STAIN DEVELOPMENT PLEASE INDICATE:**  
 What you are looking for \_\_\_\_\_  
 Positive control tissue \_\_\_\_\_  
 What cell type(s) the antibody stains \_\_\_\_\_  
 Cytoplasmic staining  Nuclear staining

**Please also provide relevant published papers that have used this antibody**

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 For DermPath Lab Use Only

Biopsy specimen(s) received: Date \_\_\_\_\_ By \_\_\_\_\_ Completed work sent out: Date \_\_\_\_\_

Processing completed	Date _____	H&E stain(s) completed	Date _____	# slides made _____
Embedding completed	_____	Special stain(s) completed	_____	# slides stained _____
Sectioning completed	_____	Immunostain(s) completed	_____	