

## COCVD Pathology Core

## Request for service

Please print, fill out, *obtain the signature of your PI*, and bring with your samples to  
Wendy Katz – Office: Room 577 Wethington; Lab: Room 564 Wethington  
If you have questions, you may contact Wendy at [wkatz@uky.edu](mailto:wkatz@uky.edu)

When presenting at a meeting or publishing a paper containing data obtained using expertise or equipment from the COBRE Pathology Core, please acknowledge the COBRE Research Core, e.g.:

*“Research reported in this [publication, release] was supported by an Institutional Development Award (IDeA) from the National Institute of General Medical Sciences of the National Institutes of Health under grant number 8 P20 GM103527-05.”*

Please also notify [Mark Schwarcz](#) when you publish, so that we may include the citations in our progress reports. Thanks.

Name		PI			
Room/Building		e-mail			
Investigator Phone		other phone (optional)			
IACUC or IRB No.:		Expiration date:			
<b>Services</b>	<b>Number of samples</b>	<b>Tissue types; Notes</b>			<b>Performed by</b>
Process					
Paraffin embed					
<b>Sectioning</b>	<b>Number of samples</b>	<b>Slides/sample</b>	<b>Thickness</b>	<b>Sections/slide; notes</b>	<b>Performed by</b>
Paraffin					
<b>Staining</b>	<b>Number of slides</b>	<b>Notes</b>			<b>Performed by</b>
H&E					
Masson Trichrome					
Other					

**PI Signature**

*Please do not write below this line*

Log number	Date in	Date out
PPMS request number	PPMS project number	PPMS order number
Core notes:		