

**Biospecimen Resoure and Molecular Analysis Facility
Microscopy Request Form**

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|--|--|---|-------|
| Date: | <hr/> | Name: | <hr/> |
| Institution/Company Name: | <hr/> | | |
| Contact Person (if other than yourself) | <hr/> | Phone: | <hr/> |
| Email: | <hr/> | | |
| Project Title: | <hr/> | | |
| Cost Center or PO #: | <hr/> | Acct #: | <hr/> |
| Billing Contact: | <hr/> | Phone: | <hr/> |
| Billing Contact Email: | <hr/> | | |
| PI Name (if other than yourself): | <hr/> | | |
| Research Priority | <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low | For publication, grant application Ongoing research program Exploratory | |
| What overall question are you addressing? | <hr/> | | |
| What type of tissue? | <i>(e.g. breast, tumor, bone, kidney etc.)</i> <hr/> | | |
| Tissue Blocks: | <input type="checkbox"/> Frozen in OCT | <input type="checkbox"/> FFPE | |
| Approximate area of tissue to be microdissected: | <hr/> | | |
| Total area required for study: | <hr/> | | |
| Number of membrane unstained sections between H&Es: | <hr/> | | |
| DNA or RNA Isolation Services: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <hr/> | |

Email completed form to kelly.gregory@baystatehealth.org

For Office Use Only:

Date Received:

Internal Reference #:

Comments: