

COCVD Pathology Core

Request for service

Please print, fill out, *obtain the signature of your PI*, and bring with your samples to
Marsha Ensor Lab: Room 564 Wethington
If you have questions, you may contact Marsha at ml.ensor@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:			
Services	Number of samples	Tissue types; Notes			Performed by
Process					
Paraffin embed					
Sectioning	Number of samples	Slides/sample	Thickness	Sections/slide; notes	Performed by
Paraffin					
Staining	Number of slides	Notes			Performed by
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:
