

## Immunohistochemistry Submission Sheet

Date: \_\_\_\_\_  
Name of person submitting work: \_\_\_\_\_  
Group: \_\_\_\_\_  
Phone Ext: \_\_\_\_\_  
Group Leader: \_\_\_\_\_

### Work Requested:

(Group leader to provide brief description of project)  
Number of Samples: \_\_\_\_\_  
Antibody Requested: \_\_\_\_\_  
Expected Antibody Localization: \_\_\_\_\_  
Species: \_\_\_\_\_  
Tissue Fixative: \_\_\_\_\_  
Paraffin vs. Frozen  
Tissue vs. Cell Culture  
Positive Control: \_\_\_\_\_

Estimated Cost:  
(Based on \_\_\_\_\_ slides)  
  
Estimated Start Date:  
(Contingent on receipt of samples)  
  
Estimated Completion Date:  
  
Estimated Time to Complete \_\_\_\_\_ hrs

Antibody provided by: \_\_\_\_\_  
  
Tissue Type: \_\_\_\_\_  
Length of Fixation: \_\_\_\_\_  
Manual vs. Automated  
  
Control provided by: \_\_\_\_\_

LEP 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.

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Group Leaders Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Signature implies cost are justified and minimized)

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Lab Chief 's Signature, Laboratory of Experimental Pathology \_\_\_\_\_ Date \_\_\_\_\_  
(Signature implies cost are justified and minimized)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
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