

Service Quotation Form

Name of Investigator		
Name of Organization		
Address		
City	State	Zip Code
Telephone Number	Fax Number	

Type of Tissue <input type="radio"/> Mouse brain <input type="radio"/> Mouse spinal cord <input type="radio"/> Rat brain <input type="radio"/> Rat spinal cord <input type="radio"/> Other: _____	Tissue Being Processed <input type="radio"/> Fixed <input type="radio"/> Perfusion <input type="radio"/> Immersion <input type="radio"/> Other: _____ <input type="radio"/> Unfixed	Will the sample be used for stereology analysis? <input type="radio"/> Yes <input type="radio"/> No
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Type of Tissue Preparation

<input type="radio"/> Tissue Cryoprotection & Freezing
<input type="radio"/> Cryostat Sectioning Thickness of each section: _____ μm Plane of section? <input type="radio"/> Coronally <input type="radio"/> Sagittally <input type="radio"/> Horizontally Distance between two stained sections: _____ μm Number of sections (not slides) per region in the brain: _____ Number of regions per brain: _____
<input type="radio"/> Embedding Tissue in Paraffin Approximate size of tissue (L x W x H): _____ μm
<input type="radio"/> Paraffin Sectioning Thickness of each section: _____ μm Plane of section? <input type="radio"/> Coronally <input type="radio"/> Sagittally <input type="radio"/> Horizontally Distance between two stained sections: _____ μm Number of sections (not slides) per region in the brain: _____ Number of regions per brain: _____

Additional Information:
