

Histopathology and Imaging Shared Resource

For a service quote/consultation please complete and email to:

Histopathology

Julia Friedman, Resource Manager
Email: friedmju@cinj.rutgers.edu
Tel: 732-235-8065

Imaging

Wenjin Chen, Associate Resource Director
Email: chenwe@cinj.rutgers.edu
Tel: 732-235-6258

Service Request Form	
PRINCIPAL INVESTIGATOR INFORMATION	
Principal Investigator (PI):	
Institution: <input type="checkbox"/> UMDNJ <input type="checkbox"/> Princeton Univ. <input type="checkbox"/> Rutgers Univ. <input type="checkbox"/> Other:	
Department:	
Telephone:	Email:
REQUESTOR INFORMATION <i>(if different from PI)</i>	
Requestor:	
Telephone:	Email:
PI MEMBERSHIP STATUS	
<input type="checkbox"/> CINJ Full Member <input type="checkbox"/> CINJ Associate Member <input type="checkbox"/> Academic (non-CINJ member) <input type="checkbox"/> Other	
PROJECT INFORMATION	
Project Description:	
RESEARCH RELATED APPROVALS	
Does this project involve human tissue? <input type="checkbox"/> Yes <input type="checkbox"/> No	
➤ If yes, a copy of the IRB approval letter is required.	
HISTOPATHOLOGY SERVICES	
<input type="checkbox"/> Tissue Processing / Embedding / Sectioning / H&E Staining	
➤ For Frozen Blocks <i>(Select type and indicate # of samples)</i>	
<input type="checkbox"/> Freezing <input type="checkbox"/> Re-embedded <input type="checkbox"/> Re-cut <input type="checkbox"/> Sections/slide <input type="checkbox"/> Total slides/blks. <input type="checkbox"/> HE slides/blks. <input type="checkbox"/> Unstained slides/blks. <input type="checkbox"/> Special instructions:	
➤ For Paraffin Blocks <i>(Select type and indicate # of samples)</i>	
<input type="checkbox"/> Processed <input type="checkbox"/> Re-processed <input type="checkbox"/> Re-embedded <input type="checkbox"/> Re-cut <input type="checkbox"/> Total slides/blks. <input type="checkbox"/> HE slides/blks. <input type="checkbox"/> Unstained slides/blks. <input type="checkbox"/> Special instructions:	
1. Is this a new specimen? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Is this work from a previously submitted project? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of service: 3. When will project materials be delivered to the lab for processing? 4. If services were already discussed, please indicate your lab contact: <input type="checkbox"/> Lucy Franciosa <input type="checkbox"/> Shafiq Bhat <input type="checkbox"/> Thomas DelGuercio <input type="checkbox"/> Other:	

continued, next page

Histopathology and Imaging Shared Resource

Service Request Form <i>(continued)</i>	
HISTOPATHOLOGY SERVICES	
<input type="checkbox"/> Immunohistochemistry (IHC) Please contact Lei Cong , lab supervisor, at 732-235-8068 or email congle@cinj.rutgers.edu for all immunohistochemistry project requests. <ul style="list-style-type: none"> ➤ IHC projects with antibodies previously optimized by the CINJ shared resource lab on average are completed within 10 business days from the project start date (i.e. receipt of antibodies/specification sheet). <i>Projects requiring expedited turnaround times are subject to review by resource management.</i> ➤ IHC projects submitting antibodies requiring optimization by the CINJ shared resource lab on average are completed within 20–30 business days from the project start date (i.e. receipt of antibodies/specification sheet). <i>Projects requiring expedited turnaround times are subject to review by resource management.</i> 	
Please provide any deadlines relevant to this service:	
IMAGING SERVICES	
<input type="checkbox"/> High-Resolution Volume Scanning <input type="checkbox"/> Archiving on DVD Up to 2 DVDs will be provided free of charge. Customer-provided USB2 storage device is recommended for transferring larger data sets. <input type="checkbox"/> 30-day Online Access Please note that online data may be deleted without notice after the 30-day trial period.	
<input type="checkbox"/> Automated Computer-based Scoring of TMA	
<input type="checkbox"/> Customized Software Development (Offered on a case-by-case basis)	
<input type="checkbox"/> Long-term Web-accessible Archiving of Digitized Specimens	
Any additional specific requests (e.g., naming of specimen, authorized personnel for data access, etc.):	
Please provide any deadlines relevant to this service:	
RESPONSIBLE PARTY BILLING INFORMATION	
Banner Index # :	RIAS PO # :
External PO # :	
If applicable, please provide the grant expiration date:	
Responsible Party: <input type="checkbox"/> PI <input type="checkbox"/> Other, please specify:	
Business Manager:	Email:
SIGNATURES	
PI Signature:	Date:
Requestor Signature:	Date:

Disclaimer: Quoted fees are best estimates for requested service.
Actual cost will be determined at completion of service.

FOR OFFICE USE ONLY	
Received by:	Date Received:
Service Start Date:	Service End Date:
Estimated Cost:	Actual Cost: