

EPL Core Services Request Form

Immunohistochemistry

Requestor: Kleiner

Lab/Section: Autopsy

Phone:

Email:

Date: Sept 1 8, 2015

This form is for single label, chromagenic IHC only.

Double label, or any fluorescent IHC, please fill out the "Other Services" form.

Specimen:

Species HUMAN

Organ LIVER

Total number of slides to be stained: 6

Antigen: Ki67

Proposed Antibody: **(EPL staff will review antibody choices with researcher)**

Species: _____ Clonality: _____ Source: _____ Cat #: _____

Based On: ~~XXXXXXX~~ / Published and/or Prior Studies / ~~XXXXXX Research XXXXX~~

Positive Control:

Negative Control:

Other information:

Requires additional AgR

The EPL is not a CLIA certified laboratory. Immunohistochemistry performed in the EPL is for research use only.

Reviewed: SMH

Estimated Date of Completion: 9/25/15

IHC Development Required: X / N

Date of Completion: _____

Notes:

EPL-I__-__