CDRF Digital Slide Scanning

Request Form

|  |  |
| --- | --- |
| Submission date | Click here to enter a date. |
| Contact person |
| Name | Last name, First name | Email | Email address |
| Phone | xxx-xxx-xxxx | Institution / department | Department |

If this is a new scan type or project, please complete section B. For existing profiles please complete section A.

# **Section A: Existing profiles**

|  |  |
| --- | --- |
| **Name of scan profile** | **Slide numbers** |
| Previously completed scan profile | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
|  |  |

# **Section B: New profiles**

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| Principal Investigator |
| Name | Last name, First name | Email | Email address |
| Phone | xxx-xxx-xxxx | Institution / department | Department |
| Project title | Project title |
| Address | “OSC” or billing address |
| FOPAL / PO number | Grant number |

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| Scan Instructions |
| Tissue / sample type | Type | Thickness (µm): Thickness |
| Light and optics | Bright-field [ ]   | Fluorescence (Excitation, emission) [ ] DAPI (G 365, BP 445/50) [ ]  GFP (BP 470/40, BP 525/50)[ ] Cy3 (BP 545/25, BP 605/70 [ ]  | 5 x [ ] 10x [ ] 20x [ ] 40x [ ] 63x [ ]  | Z-stack [ ] EDF [ ] Distance between layers (µm) or number of layers: Click here to enter text. |
| Special instructions: |  |

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| Signatures (new accounts) |
| Principal Investigator Signature | Date Date | CDRF Manager Signature | Date Date |
| Internal use |
| Project code | PROJECT | Completed date | Completed | Technician initials | Init |