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**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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: |  | | | |

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