

PI SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

BIOREPOSITORY COOPERATIVE MOUNT SINAI SCHOOL OF MEDICINE

Annenberg Room 15-22      One Gustave L Levy Place NY NY 10029

Phone: (212) 241-3352

Page: 917 641 0770

FAX: (212) 996-1343

**SPECIAL STAINS REQUEST FORM**

Principal Investigator: _____	Ext: _____
Department: _____	Bldg/room no: _____
Contact person (if different from above): _____	
Ext: _____	Email: _____
Fund number: _____	
Principle Investigator's life Number _____	

SPECIAL STAIN	# OF SLIDES	COST	TOTAL COST
Oil Red O Stain		\$10:00/slide	
CME Stain (collagen, muscle, elastin)		\$9:00/slide	
One Step Trichrome		\$5:00/slide	
Luxol Fast Blue - (LFB)		7:00/slide	
Periodic Acid Schiff - (PAS)		\$5:00/slide	
Gomori's Iron Stain		\$5:00/slide	
Giemsa Stain		\$5:00/slide	
Gomori's Reticulin		\$13:00/slide	
Toluidine Blue		\$5:00/slide	
<b>Sum Total</b>			

WHAT FIXATIVE IS THE TISSUE CURRENTLY IN?

\_\_\_\_\_

HOW THICK SHOULD SECTIONS BE? (if not specified, we will routinely section at 4 microns; our range is 2 to 14 microns) \_\_\_\_\_

WHAT IS THE INTENDED USE OF UNSTAINED SLIDES? (this will allow us to choose a suitable type of slide; if you have preferences, please state these here)

\_\_\_\_\_