

### nPOD Sample Request

Principal Investigator: \_\_\_\_\_  
(First name) (Last name)

**Use separate forms for each type of slide, snap frozen tissue vials, or frozen cell preps**

Core use only	
SRN	
CRN	

Total #	Initial/Date

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**Unstained sections from blocks**

Paraffin blocks

#Slides/block

Put number of slides per block here; list block ids in the table below. 10 slides maximum per block allowed.

Frozen blocks

#Slides/block

Put number of slides per block here; list block ids in the table below. 10 slides maximum per block allowed.

Snap-frozen tissue (1-2 g/vial)

Cells (~1 x 10<sup>7</sup>/vial)

If requested tissue type or block is not available, substitutions will be suggested.

Special Instructions:

Please add any additional requests here or other information like RNase free conditions, other.

CaseID	Tissues							Cells	
	PanHead	PanBody	PanTail	PLN	Spleen	NonPLN	Other (list)	PLN	Spleen

4-digit code number, eg 6001

Insert 2-digit block or vial ID if known otherwise, write "X" (any).

Insert more rows for all sample requests