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| E-[number](#number) | **Click or tap here to enter text.**  Will be filled by CEP. |
| Prim Key | Click or tap here to enter text.  Will be filled by CEP. |
| MTBIO Number | Click or tap here to enter text.  Will be filled by CEP. |
| For MTBIO: type of sample | Choose an item. |
| Filling out the fields in the red frame is mandatory! | |
| [Date](#Date" \o "Day of your submission.) | Click or tap to enter a date. |
| [Institute](#Institute" \o "Name of your institute.) | Click or tap here to enter text. |
| [PI](#PI" \o "Name of your PI or group.) | Click or tap here to enter text. |
| Submitted by | Click or tap here to enter text. |
| [Phone](#Phone" \o "Important!! We need a contact, best phone and mail!)/mail | Click or tap here to enter text. |
| [Funding](#Funding" \o "e.g. SFB XXXX - NO account number (if in doubt ask your PI))/Billing | Click or tap here to enter text. |
| [Research](#Research" \o "Short description of your research topic.) Topic | **Click or tap here to enter text.** |
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| Comments | Click or tap here to enter text.  Will be filled by CEP. |
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| **[TISSUE](#Tissue" \o "Important: Use the assigned e-number to label your histology cassettes on the front side using a pencil or cassette printer (NO other pens). Also, add your internal (animal/project) identification number (e.g., on side of the histo cassette). ) SUBMISSION (E-NUMBER)**  If available, add here old E-number: Click or tap here to enter text. | |
| Number of samples | Number of samples: Click or tap here to enter text.  Blocks/slides/other: Click or tap here to enter text. |
| [Species](#Species" \o "Please note: If a project includes different species, separate forms and e-numbers are needed for humans/animals!) | Click or tap here to enter text.  Transplantation model: Choose an item. |
| **DEHYDRATION and EMBEDDING** | |
| Dehydration required? | no  yes  **Excel-list is attached.** |
| Fixation solution | Choose an item.  Other: Click or tap here to enter text. |
| Current storage solution | Choose an item. Other (please specify) Click or tap here to enter text. |
| Embedding required? | no  yes |
| Special orientation needed? | no  yes: Click or tap here to enter text. |
| **CUTTING** | |
|  | no  yes 🡪 number of [slides](#slides" \o "Number of HE and additional empty sections (LS), for the IHC per block e.g. 1HE/block + 5 LS/block.) to be cut per block: Click or tap here to enter text.  🡪  **Excel-list is attached (incl. kind of glass)** |
| Kind of glass | Standard (HE): Number Click or tap here to enter text.  Superfrost Plus (IHC): Number Click or tap here to enter text.  Other: Click or tap here to enter text. : Number Click or tap here to enter text. |

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| E-[number](#number) | **Click or tap here to enter text.**  Will be filled by CEP. | | |
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| **STAINING** | | | |
| HE/special [stainings](#stainings" \o "HE, PAS, Giemsa etc. (Histochemical staining) including number of slides to be stained) required? | no  yes  Click or tap here to enter text. | | |
| [Immunohistochemistry](#Immunohistochemistry" \o "Antibody / number of IHC to be stained out of the cut LS e.g. 1xKi67 IHC ( out of one of the LS you have ordered above)) (IHC)  (Please contact us to check if requested antibody is available!) | Click or tap here to enter text. | | |
| **SCANNING** | | | |
| Scanning required? | no  yes  Number of slides: Click or tap here to enter text. | | |
| Save to | HD (label your HD with E number and name)  eSlide Manager (your account name: Click or tap here to enter text.)  internal server (folder name: Click or tap here to enter text.) | | |
| Magnification | Choose an item. | | |
| **BLOCK/SLIDE STORAGE** | | | |
|  | Blocks: Choose an item. | Empty cuts: Choose an item. | Stained slides: Choose an item. |
| **HISTOLOGICAL EVALUATION** | | | |
|  | no  yes | | |
| Responsible pathologist | Click or tap here to enter text.  Will be filled by CEP. | | |

[Additional](#Additional" \o "For further submissions/requests/additional sections or stainings/IHCs rleated to the same project, please inform us via e-mail cep@mh.tum.de. Please put the current E-number in the e-mail subject. No separate/new e-form is needed!) information (or additional work for subsequent submissions)

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| Date | Number of blocks/slides | |
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| Responsible TA | Click or tap here to enter text.  Will be filled by CEP. |