

Save form then email as an attachment to
npod@pathology.ufl.edu.

nPOD Sample Request

Use separate forms for each type of slide, snap frozen tissue vial, or frozen cell prep.

Principal Investigator: _____
(First name) (Last name)

Put total number of slides per block you need here, with 10 slides maximum per block. List block IDs in the table below. Sections will be serial and numbered.

Unstained slides from blocks

Paraffin blocks Frozen blocks

#Slides/block

Number of vials per donor and tissue type, generally one per request.

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

With RNAlater

Aliquot volume may vary between 0.2-1.5 ml, depending on each individual case. The lab can confirm availability.

Cells (1x10⁷/ml)

Minimum cell #

Other special instructions or requests:

←

Please add any additional requests here or other information, like use of special slides, RNase-free conditions, or anything else you need performed.

CaseID	Tissues						Other List	Cells		
	PanHead	PanBody	PanTail	PLN	Spleen	NonPLN		Spleen	PBMC	PLN

Enter 4-digit code number, e.g., 6001.

Enter 2-digit block or vial ID, if known; otherwise, write "X."

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

Insert more rows for additional sample requests.