

	Glasgow Tissue Research Facility School of Cancer Sciences University of Glasgow Level 2, Lab Block, Queen Elizabeth University Hospital				GTRF-LAF-0013
GTRF Request ID:	Laboratory Form; GTRF Microtomy Request Form				Revision no: 1
					Active date: 28/11/24
	Author	Hannah Morgan	Reviewer	Vivienne Gibson	Page 1 of 4

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GTRF Microtomy Request Form

Guidance

- **Tissue details**
 - Biorepository Application number **must** be provided for all sections to be cut from TMAs & from all full-face sections to be cut from GG&C diagnostic tissue.
 - Please provide evidence of ethical approval for sections to be taken from non-GG&C archival samples
 - Please describe the downstream use of sections: IHC, DNA/RNA extraction or other relevant platforms as this may impact the protocol used for microtomy.
 - If you require multiple section types - a combination of blanks, omics & H&Es, please list the order in the description box in Section 5.
 - List of available controls held within GTRF can be obtained upon request
 - If requesting microtomy of a TMA, please list the name of the TMA block & the number of sections in section 5.
- **Sectioning details**
 - Complete all sections relevant to request – Blanks, curls & H&Es
 - For Blanks, if you require multiple sections to be placed on the one slide, please state this & list how you require slides to be grouped in the description area in section 5.
 - For Blanks, standard thickness is 4µm for IHC. For TMAs, Standard thickness if 2.5µm.
 - For Blanks, TMAs & H&Es, standard baking protocol is 37°C overnight followed by 60°C for 1 hour.
 - Standard charged slides are used for manual IHC, *Leica Bond Plus* slides for Leica bond IHC & GeoMx/CosMx platforms (JSL) & *TOMO* slides for Ventana & Akoya platforms (JLQ).
- If multiple H&Es are required within a ribbon of serial sections, please list positions in section 5.
- Please sign & date the request when submitting. A GTRF team member will sign & return approved request forms with a projected cost (detailed in section 7).

1. Contact Details

Name	
Date	
Email Address	
P.I.	
Address (for invoicing purposes)	

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Timeframe for request <i>(*note standard turnaround time is 10 working days, please detail if this request is urgent)</i>	
Name and email for team processing slides (if differs)	

2. Affiliation

- CRUK Scotland Centre Researchers – University of Glasgow ☐
- CRUK Scotland Centre Researchers – Non-University of Glasgow ☐
- University of Glasgow – Non CRUK Scotland Centre ☐
- Non-University of Glasgow – Academic ☐
- Non-University of Glasgow – Industry ☐

University of Glasgow Project Code	
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2. Details of Tissue for Microtomy

- | | | | |
|-----------------------|--------------------------|-----------------------|--------------------------|
| • GTRF Controls | <input type="checkbox"/> | • Non-GG&C Diagnostic | <input type="checkbox"/> |
| • TMA Sections | <input type="checkbox"/> | • Clinical Trial | <input type="checkbox"/> |
| • NHS GG&C Diagnostic | <input type="checkbox"/> | • Animal Model | <input type="checkbox"/> |

GG&C Biorepository application number	
Sections required for which platform? <i>(IHC/H&E/DNA, RNA extraction)</i>	
Are serial sections required?	
Are multiple section types required?	
Detail ethical approval	

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4a. Sections Details

Tissue type	
Total number of tissue blocks <i>(for TMA sections, please list all TMA block IDs)</i>	
Total number of sections required per tissue block <i>(please provide as much detail as possible)</i>	
Number of sections to be added to each slide <i>(note N/A for TMA sections)</i>	
Thickness (µm) of sections	
Bake temperature (°C)	
Type of glass slide required	
H&E staining required? <i>(please provide as much detail as possible)</i>	


- Do requested H&E Slides need Scanned? – Yes ☐ No ☐

- Do you have an existing NZConnect Account? – Yes ☐ No ☐

Please note that there is a £50 fee for setting up new NZConnect Account.

- Do you need a taxi to return the slides? – Yes ☐ No ☐

Please note that there is a £30 fee for using a taxi.

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4b. Curls Details *(only complete if tissue curls are required)*

Tissue requested	Number of sections per tube	Thickness (µm)

5. Additional Information *(please detail any relevant additional information)*

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6. Signature *(please sign completed request form)*

Signature of requestor	
Date	

7. Quotated amount *(for internal use only – approved requests will be returned with the quoted amount detailed below)*

Quoted cost	
Signature (GTRF)	
Date	