

# *BONE CORE REQUEST FORM*

Investigator: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Info: \_\_\_\_\_

Animal AUP #: \_\_\_\_\_ Species: \_\_\_\_\_ IRB Approval #: \_\_\_\_\_ IRB Exempt:

Experiment number: \_\_\_\_\_ Material Submitted: \_\_\_\_\_

Specimens are currently in (specify solution) \_\_\_\_\_ Number of specimens: \_\_\_\_\_

Was the project discussed with Dr. Morello and approved?      Yes      No

## REQUEST FOR SERVICES (please specify):

Methyl methacrylate:      embedding      cut      recut      cross section

Paraffin:      embedding      cut      recut

Staining:      TRAP      Tol. Blue      H&E      Masson      Fluorescence

Other: \_\_\_\_\_

Biomechanical studies:      vertebral compression of L6  
    femoral 3-point bending

other: \_\_\_\_\_

micro-CT (volumetric density and/or microarchitecture and/or midshaft geometry and/or porosity and/or image generation.)

Retrieval of archived data from tape to uCT server (attach separate sheet with individual ID, Sample Number and Measurement number for each sample.)

Training:      histomorphometry,      densitometry,      micro-CT,  
    biomechanics

Please indicate below, be as specific as possible, what steps have taken to treat the specimens prior to handing over to the core.

<b>SOLUTION</b>	<b>Please specify</b>	<b>Duration</b>
Fixative		
70% EtOH		
80% EtOH		
95% EtOH		
100% EtOH		
Other		