

Request for Laser Capture Microdissection (LCM)

Principal Investigator:

Name: _____

Address: _____

E-mail: _____

Phone: _____

Contact Person and Phone #: _____

Project Title:

Description of Project (brief):

Do you require Pathology collaboration? _____

Are there funds available to support the LCM core? _____

Account Number (required): _____

Number of Specimens to be microdissected: _____

Source of tissue? _____

Frozen or fixed tissue? _____

Do you require any extraction services? _____

When do you need the samples? _____

Submit requests to:

**Thomas J. Giordano, M.D., Ph.D.
Department of Pathology
University Hospital 2G332/Box 0054
giordano@umich.edu**

Internal use only:

Date received: / / Date of committee approval: / /

Dates of capture: / / Date of completion: / /