

## Pathology Research – Tissue Microarray Facility Request Form

MGH Pathology Service  
 TMA Facility, Warren 112  
 55 Fruit Street  
 Boston, MA 02114

617-724-7355 or 617-726-7741

Investigator:	Phone:
Address:	Date:
Additional contact:	Billing information/Fund Number or Cost center number: _____
Special Instructions:	Desired Return Date:
	Fixative:

### Type of TMA requested

<i>Core Size</i>	<i>Number of Cores/ Block</i>	<i>TMA Cost, per Block, for MGH Pathology staff</i>	<i>TMA Cost, per Block, for non-MGH Pathology Investigators</i>	<b>Quantity</b>
<b>2 mm cores</b>	<b>Provide 48 cores/Blk</b>	\$330.00	\$530.00	
<b>3 mm cores</b>	<b>Provide 24 cores/Blk</b>	\$205.00	\$405.00	
<b>5 mm cores</b>	<b>Provide 12 cores/Blk</b>	\$105.00	\$305.00	
<b>7 mm cores</b>	<b>Provide 6 cores/Blk</b>	\$80.00	\$280.00	

At least one control core is required to orient the block.  
 Please provide us a paraffin block for control core.  
 The default control core will be from the liver.

Number of additional control core requested on TMA: \_\_\_\_\_

Number of unstained slides requested: \_\_\_\_\_

An H&E will be created on all TMAs (for our records)