

**IMPORTANT: Adobe Reader or Adobe Acrobat is Required for proper Viewing and Saving of the information you enter on this PDF form.**

**Yale Developmental Histology  
Core Extraction / Microconstruction Form**

Date \_\_\_\_\_  
Institution \_\_\_\_\_  
Department \_\_\_\_\_  
Project Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Telephone \_\_\_\_\_  
PI/CI Name \_\_\_\_\_

**RETURN COMPLETED FORM  
via email to: tissuearray@yale.edu**

**Project Charging:**

**COA number:**

CO01 • GR \_\_\_\_\_ • YD \_\_\_\_\_ • CC \_\_\_\_\_ • PG \_\_\_\_\_ • PJ \_\_\_\_\_ • \_\_\_\_\_ • FD \_\_\_\_\_ • •  
Grant Yale Desig. Cost Center Program Project Assignee Fund

Protocol Name \_\_\_\_\_  
Sponsor \_\_\_\_\_  
HIC Number \_\_\_\_\_

**Core Extraction Only**

# Cores needed per block	Core Size	Comments:
<input type="checkbox"/> 1	<input type="checkbox"/> 0.6 mm	
<input type="checkbox"/> 2	<input type="checkbox"/> 1.0 mm	
<input type="checkbox"/> 3	<input type="checkbox"/> 1.5 mm	
<input type="checkbox"/> 4	<input type="checkbox"/> 2.0 mm	
<input type="checkbox"/> 5		

**YTMA Array Construction**

Array Type	Core Size	# of Redundancy	Comments:
<input type="checkbox"/> Test	<input type="checkbox"/> 0.6 mm	<input type="checkbox"/> 1	
<input type="checkbox"/> Index/Boutique	<input type="checkbox"/> 1.0 mm	<input type="checkbox"/> 2	
<input type="checkbox"/> Master	<input type="checkbox"/> 1.5 mm	<input type="checkbox"/> 3	
	<input type="checkbox"/> 2.0 mm	<input type="checkbox"/> 4	
		<input type="checkbox"/> 5	
<b>Redundancy on one master block</b>			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No			
<b>Redundancy on different master block</b>			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No			