

KGLMF

BIOSPECIMEN PREPARATION LABORATORY

IMMUNOLABELING OPTIMISATION REQUEST FORM

U Al	SER DETAILS							
Inc	ncomplete forms will delay processing							
Na	ame:							
M	obile/Phone:							
Er	mail:							
Sι	upervisor:							
[I am a UNSW Researcher / Student (please complete below)							
ι	JNSW zID:							
F	Faculty/School:							
F	Payment is by UNSW account. Please complete fund, dept id and project no. details below							
F	Fund: Dept ID: Project No:							
4 (Account Owner Name:							
[I am an External User (please complete below)							
C	Organisation:							
C	Department/Unit:							
A	Address:							
F	Payment is by tax invoice (we will issue a tax invoice for payment)							

BSP USE ONLY

Date	Accepting	Total	Total	Special	Date	Completion		
Accepted	Officer	No.#	No.#	Requirements?	Completed	Officer		
-		Samples	Slides					
Job number: BSP								

SAMPLE DETAILS – MUST COMPLETE

The KGLMF biospecimen preparation laboratory located in WW level 4, room 454 is a PC1 facility; only non-radioactive risk group 1 organisms (PC1) will be accepted for processing. All samples MUST NO LONGER BE VIABLE.

GMO, viable and PC2 classified samples can be only received in laboratory located in Lowy building, LG20. \star

Samples accepted for immunolabeling optimisation:

Paraffin and OCT blocks – submit separate job request for tissue processing and sectioning or cryo sectioning

Slides - paraffin or cryo sections

PROVIDE POSITIVE AND NEGATIVE CONTROLS

Biological Hazard								
Samples are fixed 🗆 YES 👘 🗆 NO 🜟								
□ Animal – specify □ I declare having Animal Ethics protocol								
🗆 Human 🛛 🛛 I d	eclare having Human Ethics protocol/clearance to work with human samples							
Tissue								
□ Non-GMO								
🗆 GMO 🔸	□ GMO 🛛 🛨 🗆 I declare having an Exempt dealing covering this sample							
I declare having a Notifiable Low Risk Dealings (NLRD) covering this sample								

SAMPLE SUBMISSION – please label slide box

All samples must be labelled according to the UNSW standards: sample ID your name phone number date hazards and GMO status

SAMPLES NOT LABELED ACCORDINGLY WILL NOT BE ACCEPTED INTO THE FACILITY



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How to prepare samples for immunolabeling

Paraffin sections:

1 – section samples at required thickness on microtome (recommended 4um)

2 – use good quality slides with special treatment process that electrostatically adheres tissue sections (Superfrost Plus or Superfrost Plus Gold slides)

- 3 after microtomy leave slides to dry in standing/vertical position at room temperature over night
- 4 bake for 2 hours (recommended to be completed at KGLMF, submit samples after step 3)

Cryo sections:

1 – section samples at required thickness on cryotome (recommended 5um)

2 – use good quality slides with special treatment process that electrostatically adheres tissue sections (Superfrost Plus or <u>Superfrost Plus Gold</u> slides)

3 - after microtomy store slide at -80C

REQUIRED Information on paraffin sections:

-ixative used – specify:								
Method of fixation:		Immersion		Perfusion				
Length and temperature of fixation:								
Section Thickness:		standard = 4um		□ specify				
When was tissue sectioned (date):								

REQUIRED Information on Cryo sections:

Fixative used – specify:								
Method of fixation:	Perfusion							
Length and temperature of fixation:								
Cryoprotectant – specify:								
-inal embedding medium (OCT etc):								
Section Thickness: □ standard = 5um	□ specify							



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JOB DETAILS

Immunost	taining	– please	e fill o	out and	check all re	<u>quired fi</u>	iel	<u>ds below</u>	
DAB Immunofluorescence (IF)									
□ Singl	le labell	ing			Multiple La	beling (sp	ecify on page 6)	
Secondar	y labell	ing		DAB -	hematoxylir]	IF – DAPI	
				other -	- specify				
Tissue typ	pe (spe	cify):							

MUST fill out table on page 5 for antibody details (examples provided in red)

	Antibody 1*	Antibody 2*	Antibody 3*	Antibody 4*	Antibody 5*
Number of study slides					
Positive control slide **					
Negative control slide ***					

*Specify antibody details in table on page 5

**Specify and provide tissue for positive control

***Specify and provide tissue for negative control

I ______(user), have read and understood the above listed sample submission procedure, and agree to the prices listed on the reverse of this form for processing my samples.

Signature	:	Date	:
-			



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Primary Antibody information for DAB and IF

- If antibody dilution not known - use NA

#AB						Antigen
	Primary antibody	catalogue #	company	species	dilution	retrieving buffer
EX	Anti-beta Actin antibody	ab8227	Abcam	Rabbit polyclonal	1:200	рН 6
1						
2						
3						
4						
5						

Secondary Antibody information for IF

#AB	Secondary antibody	catalogue #	company	species	dilution	Fluorescent tag
EX	Goat Anti-Rabbit IgG H&L Alexa Fluor 488	Ab150077	Abcam	Goat polyclonal	1:200	488
1						
2						
3						
4						
5						

Antibody pairing for IF

#AB	Primary antibody	catalogue #	Secondary Ab	Catalogue	Fluorescent tag
EX	Anti-beta Actin antibody	Ab150077	Goat Anti-Rabbit IgG H&L Alexa Fluor 488	Ab150077	488
1					
2					
3					



Additional notes:

Charges for Histology and Microscopy Preparation (BSP)

BSP Grouping	Protocol	Price (Ex GST) (UNSW User/Partner)	Price (Ex GST) (External User)	Job
	Immunostaining - chromogenic DAB	\$20.00	\$36.00	Per one antibody on slide (does not include sectioning; primary antibodies to be provided by user) - additional primary antibody \$20/\$36 each
	Dual Immunostaining - chromogenic DAB and AP	\$40.00	\$72.00	Per two antibodies on slide (does not include sectioning; primary antibodies to be provided by user)
	Immunostaining - Fluorescence		\$36.00	Per one antibody on slide (does not include sectioning; primary and secondary antibodies to be provided by user) - additional primary antibody \$20/\$36 each

- Immunostaining cost does not include sectioning

- Antibodies to be provided by researcher
- Each antibody labeling costs 20\$, additional antibody labeling cost is 20\$ per antibody

