UNIVERSITY OF CAPE TOWN
IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

Pathology Learning Centre

PATHOLOGY LEARNING CENTRE - SLIDE SCANNING REQUEST FORM

Personal Information

Name: _____

Organization: _____

Contact number: _____

Email: _____

Project PI/ Billing Information

Internal Journal ☐ External Payment ☐

Name: _____

Department/ Organization: _____

Contact number: _____

Email: _____

Scanning Information

Date of Request _____ Number of Slides: _____

Online Hosting (*select one*): No *(default)* ☐ Yes ☐
If "Yes" for "Online Hosting" please specify hosting time (*months*): _____

Magnification (*select one*): 10x *(default)* ☐ 20x ☐ 40x ☐

Naming convention (*select one or multiple*):

SlideName *(default)* ☐ SlideInfo ☐ Specimen ☐ Species ☐

Tissue ☐ Preparation ☐ Staining ☐

Use: _____

Additional comments: _____

_____

Notice
If no selections are made in the above Scanning Information, defaults will be used. Please complete a 'PLC Scan Template' (excel spreadsheet) as the template will be used to name the images. No scanning will be done without a completed template. Please ensure that slides are clean and undamaged. Slides with protruding cover slips or cracks will not be scanned as they have the potential to damage the slide scanner. A scan of 10-20 slides typically takes 24 hours, subject to scanner availability.