

Cord Block Map - up to 24 - Dot Dash

Name: _____ Quote #: _____ Block ID _____

(For Multiple Blocks)

Instructions:

1. Verify that you are using the block map appropriate for the animal type, # of animals and plane of sectioning (coronal, horizontal or sagittal).
2. Type your name, the quote#, and for projects with multiple blocks, a unique Block ID. For multiple blocks, complete a separate form for EACH block.
3. In the numbered dots and dashes below, type the identification (ID) for each cord to ensure proper placement in the array. *The ID typed must match exactly the labels on the specimen containers shipped to NSA.* Click directly in each block to type your personal ID for that tissue. Note: For fewer than 24 entries, you may choose which of the spaces to be left blank, as long as the total # ID's match the total # of cords.
4. Save the form: File, Save As, choose a unique file name that includes the quote#.
5. Email the form to Histology@NSALabs.com.
6. Print and send the completed form along with the cords to NSA.

SAMPLE Configuration:

| | | | | | |
|-----------|---------------------------------|-----------|---------------------------------|-----------|---------------------------------|
| AB | <input type="text" value="AB"/> | CD | <input type="text" value="CD"/> | EF | <input type="text" value="EF"/> |
|-----------|---------------------------------|-----------|---------------------------------|-----------|---------------------------------|

| | | | | | |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <input type="text" value="1"/> | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="3"/> |
| <input type="text" value="4"/> | <input type="text" value="4"/> | <input type="text" value="5"/> | <input type="text" value="5"/> | <input type="text" value="6"/> | <input type="text" value="6"/> |
| <input type="text" value="7"/> | <input type="text" value="7"/> | <input type="text" value="8"/> | <input type="text" value="8"/> | <input type="text" value="9"/> | <input type="text" value="9"/> |
| <input type="text" value="10"/> | <input type="text" value="10"/> | <input type="text" value="11"/> | <input type="text" value="11"/> | <input type="text" value="12"/> | <input type="text" value="12"/> |
| <input type="text" value="13"/> | <input type="text" value="13"/> | <input type="text" value="14"/> | <input type="text" value="14"/> | <input type="text" value="15"/> | <input type="text" value="15"/> |
| <input type="text" value="16"/> | <input type="text" value="16"/> | <input type="text" value="17"/> | <input type="text" value="17"/> | <input type="text" value="18"/> | <input type="text" value="18"/> |
| <input type="text" value="19"/> | <input type="text" value="19"/> | <input type="text" value="20"/> | <input type="text" value="20"/> | <input type="text" value="21"/> | <input type="text" value="21"/> |
| <input type="text" value="22"/> | <input type="text" value="22"/> | <input type="text" value="23"/> | <input type="text" value="23"/> | <input type="text" value="24"/> | <input type="text" value="24"/> |