



## Fixation Tips

- Prompt fixation*- Tissues should be placed in fixative immediately upon collection.
  - Collect the tissues most sensitive to degradation first: ex. GI tract
  - If collecting from large groups of animals – euthanize them one at a time for tissue collection (do not euthanize the whole group first and then collect)
- Proper tissue collection size* – **Tissue MUST be trimmed to appropriate size**
  - **3-5 mm in width** (~ thickness of a nickel)
    - o Formalin only penetrates ~0.5 mm/hr. Large tissues will degrade before fixing.
  - **No larger than 2 cm** (postage stamp sized)
  - Tissue too large will degrade centrally and microscopic analysis will not be possible
  - Tissue too large will unevenly fix and affect downstream assays (i.e. IHC)
- Fixative Volume: Use at least a fixative : tissue volume ratio of 20 : 1*
  - Too little formalin – tissues will degrade and microscopic analysis will not be possible
  - Fix in WIDE-MOUTHED, FLAT-BOTTOMED jars: narrow neck vials make it hard to remove tissue, in cone-bottomed tubes the tissue will deform to the shape of tube
  - Pre-filled 10% neutral buffered formalin biopsy jars are available (ex. Fisher Scientific)
- Fixation Duration: For immersion fixation in formalin, fix tissues for at least 24 hours*
  - For standard histology, tissues can be left in formalin indefinitely
  - For immunohistochemistry, tissues should be switched to 70% EtOH after 48 hours
- Organ-specific tips*
  - GI-tract: Remove first (rapid degradation) and either infuse with formalin using a needle OR open the intestinal tract to allow formalin to penetrate.
  - Lung: Insufflate with formalin using a needle within the trachea (not the same needle use for the GI!). Fill to approximately the volume of the chest cavity (do not overfill).
  - Liver: Do not put an entire rodent liver in fixative (center will not fix). Separate the lobes for fixation and/or cut sections from larger lobes.
  - For mice found dead: DO NOT FREEZE mouse carcasses. Either necropsy immediately, place in 4°C for necropsy within 24 hrs, or **at minimum** open the thorax and abdomen to allow fixative penetration and place in a jar of fixative large enough to accommodate 15-20:1 volume ratio of fixative:tissue.

## Which Fixative Should I Use?

For most routine histology we recommend fixation in 10% neutral buffered formalin for a minimum of 24 hours of fixation at 20:1 volume: tissue ratio. 10% NBF is the most commonly used cross-linking fixative and provides excellent tissue morphology. For histology the tissue can remain in fixative almost indefinitely before processing. For immunohistochemistry, transfer to 70% ethanol is recommended after 24-48 hours. Certain immunohistochemistry reactions are sensitive to fixation and must use alternative fixatives or fresh frozen tissues – this depends on the antibody. Please email us with your specific antibody target if you have questions.

### Commonly used fixatives for routine histology

10% Neutral Buffered Formalin (NBF)*	4% Paraformaldehyde**	Others:
<p>COMMON USES:</p> <ul style="list-style-type: none"> <li>Most common general use fixative for paraffin embedded tissues</li> <li>Suitable for most routine immunohistochemistry with appropriate retrieval</li> </ul> <p>PROS:</p> <ul style="list-style-type: none"> <li>Can be ordered as working solution and stored at RT</li> </ul> <p>CONS:</p> <ul style="list-style-type: none"> <li>Degrades with age and produces formic acid</li> </ul>	<p>COMMON USES:</p> <ul style="list-style-type: none"> <li>Short fixation or cryo-embedded tissues, in-situ hybridization</li> <li>Certain neuroscience and immunohistochemical applications</li> </ul> <p>PROS:</p> <ul style="list-style-type: none"> <li>Lacks methanol for methanol-sensitive procedures</li> </ul> <p>CONS:</p> <ul style="list-style-type: none"> <li>Has to be freshly prepared</li> <li>More \$\$ than 10% NBF</li> </ul>	<p>Glutaraldehyde: used for electron microscopy; NOT suitable for routine light microscopy (makes tissues dry and brittle)</p> <p>Davidson's fixative: suitable for eye fixation (special procedures apply)</p> <p>70% ethanol: A precipitating (not cross-linking) fixative; gives inferior morphology for tissue evaluation; for immunohistochemistry tissues are often transferred to 70% ethanol after 24-48 hrs to avoid over-fixation</p>

\*Formalin is an aqueous solution of formaldehyde (which is a gas at room temperature). The traditional original stock solution of formalin was made at 37.5% concentration.

"10% neutral buffered formalin" refers to a 1:10 dilution of this stock solution, so 10% NBF really equals 3.75% formalin! Nowadays 10% NBF is sold pre-made at the appropriate working concentration (3.75% formalin) so a) you don't need to dilute it and b) it is essentially the SAME concentration of formaldehyde as 4% paraformaldehyde!

\*\*4% paraformaldehyde is made from polymerized (solid) formaldehyde that is dissolved with heat into aqueous solution. While it has approximately the SAME concentration of formaldehyde as 10% NBF (see above) it does not contain methanol. Methanol is typically added to 10% NBF as a stabilizing agent – formaldehyde breaks down over time to methanol and adding methanol at the beginning slows down this process. The lack of methanol in 4% PF makes it more suitable for certain applications but decreases its stability.