

University of Michigan Comprehensive Cancer Center 10/16
 Research Histology & Immunoperoxidase Laboratory
 Room 3411 CC
 1500 E. Medical Center Drive
 Ann Arbor, MI 48109-0999
 (734) 647-3261 Alan Burgess, Gia Straw, Tina Fields
 (734) 764-6683 Dr. Thomas Giordano
 (734) 763-2475 Dr. Dafydd Thomas

Invoice Number _____

Today's date _____

Primary Investigator Information:

Name: _____
 Address: _____
 Phone Number: _____
 Department: _____
SHORT CODE: _____

Contact Information:

Name: _____
 Phone Number: _____
 E-mail Address: _____

Antibody Information:

Species: Human _____ Animal _____
 Organ System: _____
 Antibody Name: _____
 Cells Expected to Stain: _____
 Nuclear, Membranous, or Cytoplasmic Stain

(Choose One)

Histology Information:

Species: Human _____ Animal _____
 Organ System: _____
 Fixative: _____ Submitted in: _____
 Decalcification Needed? Yes _____ No _____
 Unstained Slides:
 Slides: Plus _____ Uncharged _____
 Heat: Yes _____ No _____
 DNA or RNA Study: Yes _____ No _____

Instructions: _____

FOR RESEARCH HISTOLOGY LABORATORY USE ONLY					
<i>Note: all prices are for 1 slide containing 1 section.</i>					
	Quantity		Cost		Sub-Total
Paraffin Process & Embed		x	\$2.00	=	
Unstained slide/s		x	\$1.04	=	
H&E slide/s		x	\$4.41	=	
Frozen sections (unstained)		x	\$5.82	=	
Frozen sections (stained H&E)		x	\$19.70	=	
Group 1 Antibody		x	\$28.40	=	
Group 2 Antibody		x	\$29.90	=	
Group 3 Antibody		x	\$35.54	=	
Group 4 Antibody		x	\$40.50	=	
Antibody Titer		x	\$42.51	=	
Misc.		x		=	
			TOTAL		\$

Work completed by _____