

# DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE REQUEST FOR RESEARCH HISTOLOGY SERVICES

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Date: \_\_\_\_\_  
 Principal Investigator: \_\_\_\_\_ Fund Number: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Description of Specimens: \_\_\_\_\_  
 (including identifying numbers)

## SERVICES

PROCEDURE	QUANTITY	PRICE	COST
<b>Paraffin Embedded (Block provided)</b>			
(All paraffin embedded sections will be cut at 4 microns in thickness unless otherwise indicated)			
First slide cut from block	_____	\$2	_____
Each additional slide cut from block	_____	\$1	_____
H&E Slide	_____	\$1	_____
Immunohistochemistry:			
Established antibody	_____	\$15/slide	_____
Enzyme treatment	_____	\$1	_____
Special Stain	_____	\$7	_____
20-50 micron, test tube or petri dish (for purposes of disaggregating or digesting cells)	_____	\$3	_____
<b>Plastic Embedded (for Electron Microscopy)</b>			
Embed Only	_____	\$40	_____
Sectioning Only	_____	\$50	_____
Embed + Section	_____	\$150	_____
<b>From Fresh Tissue:</b>			
Paraffin embedding	_____	\$6	_____

**COMMENTS:**

**FOR ANY SPECIAL HANDLING PLEASE ATTACH SPECIAL INSTRUCTIONS**