

HISTOLOGY LAB SERVICES REQUEST FORM

(Must be submitted along with INDENT form for internal U of A users)



Li Ka Shing
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HISTOLOGIST CONTACT INFORMATION:

EMAIL: lksiov@ualberta.ca

LOCATION: 6-107 Katz Centre for Health Research

DATE (mm/dd/yy): _____ PHONE #: _____

NAME OF REQUESTOR (FIRST & LAST NAME): _____

PRINCIPAL INVESTIGATOR: _____ SPEEDCODE: _____

TISSUE SAMPLE: _____ SPECIES: _____

TISSUE UNFIXED / FIXATIVE (samples preserved in): _____

DESCRIPTION	QTY	AMOUNT PER UNIT	TOTAL AMOUNT (QUANTITY x AMOUNT PER UNIT)
Process/Impregnate/Embed		\$25.00/block	
Impregnate/Embed ONLY		\$10.00/block	
Microtomy (sectioning)		\$5.00/slide	
H&E Staining (incl. slide)		\$4.00/slide	
Speciality Staining: PAS/DIAS, MASSON, PSR, RETIC		\$15.00/slide	
Immunohistochemistry (IHC) / Immunofluorescence (IF) (user supplies 1° / 2° / isotype Abs)		\$20.00/slide	
Antibody (protocol) optimization		\$40.00/hr/Ab* (+ COST OF REAGENTS)	
Cryoembedding		\$5.00/block	
Cryotomy		\$5.00/section	
Imaging (5 pics/slide) (light microscopy only)		\$40.00/hr*	
Use of light microscope for histology imaging		\$20.00/hr*	
Other (specify):			
TOTAL AMOUNT:			

*Minimum charge of 1 hour for this service.

COMMENTS:

For Internal Use ONLY

Credit Account: _____ Amount: _____ Date: _____