



# Molecular Pathology Core Facility

## Robarts Research Institute

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Principal Investigator: \_\_\_\_\_

Date: \_\_\_\_\_

Person Requesting: \_\_\_\_\_

Account #: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Room #: \_\_\_\_\_

eMail Address: \_\_\_\_\_

Project ID: \_\_\_\_\_

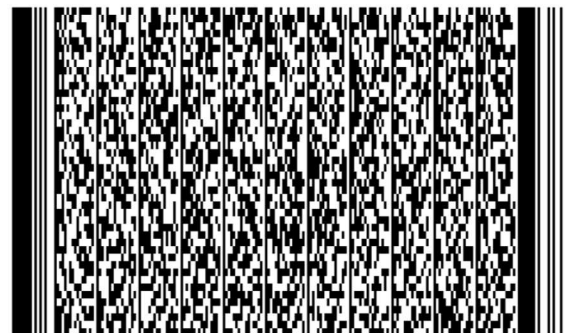
**Instructions:**

**Diagram / Image:**

**Total # of Blocks:**  **Slides / Block:**  **Sections / Slide:**  **Thickness:**  **µm** **Total # of Slides:**

**Please list sample ID's for each block submitted** (if samples are sequential just list the start and end in the Instructions section)


Description	Service Rate	Qty	Total
Tissue Processing	Price / Block >>>>> \$2.00	<input type="text"/>	\$0.00
TP & Embedding	Price / Block >>>>> \$3.00	<input type="text"/>	\$0.00
Microtome Section	Sections/Slide <input type="text"/> # Slides >>	<input type="text"/>	\$0.00
H&E Staining	Price / Slide >>>>> \$1.50	<input type="text"/>	\$0.00
Cryo-Sectioning	Sections/Slide <input type="text"/> # Slides >>	<input type="text"/>	\$0.00
Special Stains	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special Stains	<input type="text"/>	<input type="text"/>	<input type="text"/>
Block Change	Price / Block >>>>> \$2.00	<input type="text"/>	\$0.00
IHC/Special Proj.	<input type="text"/> Charge <input type="text"/>	<input type="text"/>	<input type="text"/>
Technical Time	Rate / Hour \$50.00	<input type="text"/>	\$0.00
Equipment Time	Rate / Hour \$25.00	<input type="text"/>	\$0.00
Supplies	<input type="text"/>	<input type="text"/>	<input type="text"/>
Miscellaneous	<input type="text"/> Charge <input type="text"/>	<input type="text"/>	<input type="text"/>



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**Amount Billed to Your Account:** **\$0.00**

For Lab Use Only