

PI SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**BIOREPOSITORY COOPERATIVE MOUNT SINAI SCHOOL OF MEDICINE**

Office: Annenberg 15-22      LAB: Annenberg 15-285A

Phone: (212) 241-3352      Page: 917 641 0770      FAX: (212) 996-1343

**HISTOLOGY SERVICES REQUEST FORM**

Principal Investigator: _____	Ext: _____
Department: _____	Bldg/room no: _____
Contact person (if different from above): _____	
Ext: _____	Email: _____
Fund number: _____	
Principle Investigator's Life Number _____	

SERVICE	# OF BLOCKS/ SLIDES	COST	TOTAL COST
Process, embed, section & stain tissue with 1 H&E slide		\$7:00/Blk	
Process and embed, tissue only		\$6:00/Blk	
Cut and stain 1 H&E slide		\$2:00/Slid	
Cut unstained section on fisher charged plus slides		\$3:00/Slid	
Mount and cut frozen section with 1 H&E		\$10:00/Blk	
Cut unstained frozen section on fisher charged plus slides		\$3:00/Slid	
Cut frozen/Parrafin sections in nunc tubes/free-floating wells		\$5:00/Blk	
<b>ADDITIONAL</b>			
Preparation of tissue per cassette(grossing)		\$3:00/Castt	
Slide box 100		\$18:00/Box	
Slide box 50		\$8:00/Box	
Custom service		\$40:00/Hr	
Rush order		\$40:00/Hr	
<b>SUM TOTAL</b>			

THICKNESS OF SECTIONS TO BE CUT 3-15 MICRON \_\_\_\_\_