

NEUROHISTOLOGY RESEARCH LABORATORY

Supervisor: Dr. Ronald Hamilton

Head technician: Jonette Werley

phone 647-6429

REQUEST FOR SERVICES

Date: _____

PI: _____

phone/pager/email _____

Billing Address

Tissue source: Human Monkey Mouse Other _____

Request (be specific)

Note: Please label tissue cassettes with pencil

Procedure	unit	(\$)
Process and embed	per block	15
Unstained section	per slide	2
H&E	1st slide	5
additional H&E (e.g., serial sections)	ea. additional	3
Special stains (non-immuno)	per slide	15
Silver stains	per slide	20
Immunohistochemical stain	per slide	15
Brain banking	Per tube	30

for office use only

Date Complete: