

University of Michigan Comprehensive Cancer Center
 Research Histology & Immunoperoxidase Laboratory
 Room 3411 CCGC
 1500 E. Medical Center Drive
 Ann Arbor, MI 48109-0999

Invoice Number _____

Today's date _____

(734) 647-3261 Nancy McAnsh, Alan Burgess, Anosike Nwokoye
 (734) 615-3860 Dr. Thomas Giordano
 (734) 763-2475 Dr. Dafydd Thomas

Primary Investigator Information:

Name: _____
 Address: _____
 Phone Number: _____
 Department: _____
SHORT CODE: _____

Contact Information:

Name: _____
 Phone Number: _____
 E-mail Address: _____

Antibody Information:

Species: Human _____ Animal _____
 Organ System: _____
 Antibody Name: _____
 Cells Expected to Stain: _____
 Nuclear, Membranous, or Cytoplasmic Stain
 (Choose One)

Histology Information:

Species: Human _____ Animal _____
 Organ System: _____
 Fixative: _____ Submitted in: _____
 Decalcification Needed? Yes _____ No _____
 Slides: Plus _____ Uncharged _____
 Heat (Unstained Slides): Yes _____ No _____
 DNA or RNA Study: Yes _____ No _____

Instructions: _____

| <i>FOR RESEARCH HISTOLOGY LABORATORY USE ONLY</i> | | | | | |
|--|-----------------|---|--------------|---|------------------|
| | Quantity | | Cost | | Sub-Total |
| Paraffin Process & Embed | | x | \$1.73 | = | |
| Unstained slide/s | | x | \$1.26 | = | |
| H&E slide/s | | x | \$1.40 | = | |
| Frozen sections (unstained) | | x | \$1.54 | = | |
| Frozen sections (stained H&E) | | x | \$2.07 | = | |
| Group 1 Antibody | | x | \$10.16 | = | |
| Group 2 Antibody | | x | \$12.69 | = | |
| Group 3 Antibody | | x | \$14.19 | = | |
| Group 4 Antibody | | x | \$17.69 | = | |
| Antibody Titer | | x | \$21.35 | = | |
| Misc | | x | | = | |
| | | | | | |
| | | | TOTAL | | \$ |

Work completed by _____