University of Michigan Comprehensive Cancer Center Tissue Core
Research Histology & Immunoperoxidase Laboratory
Room 3411 CCGC
1500 E. Medical Center Drive
Ann Arbor, MI 48109-0934
Michele LeBlanc
Nancy McAnsh (734) 647-3261
Teresa Montana
Dr. Thomas Giordano (734) 936-6776

Request Date: __________
Received: _____________

**Chartfield Combination**

<table>
<thead>
<tr>
<th>Fund</th>
<th>Org</th>
<th>Program</th>
<th>SubClass</th>
<th>Project/Grant*</th>
<th>Legacy/Short Code*</th>
</tr>
</thead>
</table>

*One of these fields is REQUIRED – NO Stores contract number, please.*

**Primary Investigator Information:**
Name: ____________________________
Address: __________________________
Phone Number: _____________________
 Grant Name: _______________________
Department: _______________________

**Contact Information:**
Name: _____________________________
Phone Number: _____________________
Pager Number: _____________________

**Antibody Information:**
Antibody Name: ____________________
Antibody Source: ___________________
Cells Expected to Stain: ______________
Expected Pattern of Stain: (choose one)
  - Nuclear, Membranous or Cytoplasmic

**Histology Information:**
Tissue: ____________________________
Animal or Human: ___________________
Type of Fixative: ___________________
Decal Needed? _____________________
Plus or Uncharged Slides: __________
Heat Slides: _______________________
DNA or RNA Study: __________________

**Special Instructions:**
________________________________________________________________________
________________________________________________________________________

**LABORATORY USE ONLY**

<table>
<thead>
<tr>
<th>Service Requested</th>
<th>Quantity</th>
<th>Cost</th>
<th>Sub-Total</th>
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<td>Paraffin Process &amp; Embed</td>
<td>x</td>
<td>$2.60</td>
<td>=</td>
</tr>
<tr>
<td>Unstained slide/s</td>
<td>x</td>
<td>$1.73</td>
<td>=</td>
</tr>
<tr>
<td>H&amp;E slide/s</td>
<td>x</td>
<td>$1.95</td>
<td>=</td>
</tr>
<tr>
<td>Frozen sections (unstained)</td>
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<td>$2.43</td>
<td>=</td>
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<tr>
<td>Frozen sections (stained H&amp;E)</td>
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<td>$</td>
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Released by: ______________________
Signature _______________________
Date ___________________________

W:\WPC\Billing\UMCC Member Request Form
CREDIT 52000/251000/RCHRG/92320/C942223