

Indent Number:

Order ID Number:



ALBERTA DIABETES INSTITUTE HISTOLOGY CORE REQUEST

CONTACT
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PRINCIPAL INVESTIGATOR

SPEED CODE

	Samples	Quantity			
Processing/embedding	_____ X _____	@ \$28.00 =	\$ _____		
Microtoming/sectioning	_____ X _____	@ \$6.00 =	\$ _____		
H&E stain/coverslipping	_____ X _____	@ \$4.00 =	\$ _____		
(slide not included)					
Specialty staining	_____ X _____	@ \$17.00 =	\$ _____		
(specify) _____					
Decalcification	_____ X _____	@ \$17.00 =	\$ _____		
Cryoembedding	_____ X _____	@ \$7.00 =	\$ _____		
Cryosectioning	_____ X _____	@ \$7.00 =	\$ _____		
Other	_____ X _____	@ \$ _____	\$ _____		
(specify) _____					

- Order date: _____
- Required by date: _____
- Contact name: _____
- Phone number: _____

- Species: _____
- Tissue type: _____
- Preserved in: _____

• **COMMENTS:**

TOTAL = \$ _____

SAMPLE/BLOCK ID

1 _____	9 _____	17 _____
2 _____	10 _____	18 _____
3 _____	11 _____	19 _____
4 _____	12 _____	20 _____
5 _____	13 _____	21 _____
6 _____	14 _____	22 _____
7 _____	15 _____	23 _____
8 _____	16 _____	24 _____