

Date requested: _____	PCRL Accession #: _____
PI/Researcher name: _____	Dept or affiliation: _____
Study name: _____	

Bill to

UofL Department <input type="checkbox"/> UBM: _____ Phone: _____ Email: _____ Speed type*: _____	Other <input type="checkbox"/> Name: _____ Address: _____ Phone: _____	Contact/material pickup: Name: _____ Email: _____ Phone: _____
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**If a grant is to be charged, page 2 (Cost Transfer Justification) must be completed!*

PROCEDURE(S) REQUESTED

Indicate # provided for each SERVICE	Indicate # for each BLOCK	Indicate # and name for each STAIN or ANTIBODY
_____ Fixed tissue for routine process & embed	_____ Unstained tissue section <i>(indicate thickness: _____)</i>	<i>Eg, 2</i> <i>ARTX</i>
_____ Specimens for decalcification	_____ Unstained multisections <i>(indicate thickness: _____)</i>	_____
_____ Paraffin blocks	_____ H&E staining	_____
_____ Fresh tissue for snap freezing	_____ Other: _____	_____
_____ Unstained tissue slides		_____
_____ Other: _____		_____

Visit our website for a full list of available special stains and IHC antibodies tinyurl.com/yxtwbour

Technical notes / special instructions

List sample ID and tissue source	
<i>Eg, X4d3</i>	<i>Mouse liver</i>
_____	_____
_____	_____
_____	_____
_____	_____

By signing this requisition, the Principal Investigator or representative confirms that the specimens from research subjects adheres to all regulatory requirements of IRB, HIPAA, and IACUC and that payment will be made as soon as feasibly possible upon completion of PCRL's portion of this project.

Signature required

Date

LAB USE ONLY

Service	\$/Unit	Qty	Subtotal	Service	\$/Unit	Qty	Subtotal
Cassette tissue	2.50			Frozen section H&E	6.00		
Processing and embedding	12.00			Frozen section, single, unstained	4.50		
Special embedding	13.00			Frozen section, multi, unstained	6.00		
H&E staining	6.00			Special stain (first slide)	32.00		
Paraffin section, single, unstained	1.50			Special stain (additional slide)	6.00		
Paraffin section, multi, unstained	3.00			IHC (SPL antibody)	50.00		
Decalcify bone/bony tissue	5.00			IHC (client/PI antibody)	45.00		
Snap freeze (OCT embed)	15.00			Antibody optimization	200.00		
Gross/bread loaf, additional block	0.75			Slide box (25, \$5; 50, \$7.50; 100, \$10)			
Swiss roll, additional block	5.00			5-slide mailer	1.50		
STAT fee	75.00			Returned item: (slide box; slide mailer)			
Other:				Other:			

Completed by: _____

Date completed: _____

TOTAL BILLED: _____

Dept. Transfer # _____

**UNIVERSITY OF LOUISVILLE
SPONSORED PROGRAMS FINANCIAL ADMINISTRATION
COST TRANSFER JUSTIFICATION FORM**

Sponsored Programs Financial Administration (SPFA) reserves the right to reject any cost transfers for lack of documentation and/or proper authorization. (All cost transfers require adequate supporting documentation to identify amounts and original dates.)

1. Why was this expense originally charged to the program/project from which it is now being transferred?

2. Why should this charge be transferred to the proposed receiving program/project? (PI should explain how the charge directly relates to the scope of work) (Attach any necessary supporting documentation)

3. If applicable, why is this cost transfer being requested more than 90 days after the original date the transaction was recorded? (Attach any necessary supporting documentation)

4. What corrective action has been taken to eliminate future need for cost transfers of this type?

Principal Investigator's Signature: _____ Date: _____

Printed name, title and phone no.: _____

NOTE: By signing above, requestor certifies that the cost to be transferred is an appropriate expenditure for the sponsored grant or contract charged and that the expenditure complies with the terms and restrictions governing that sponsored grant or contract.

Dean/Vice President Authorization: _____ Date: _____
(required if greater than 90 days)

SPFA Authorization: _____ Date _____