

Date requested: _____	PCRL Accession #: _____
Researcher Name: _____	Dept or Affiliation: _____
Study Name: _____	_____

Unit Business Manager Name: _____ Address: _____ Phone: _____	Bill to: UofL Dept <input type="checkbox"/> Other <input type="checkbox"/> Name: _____ Address: _____ Phone: _____ *Speed type to be billed: _____	Contact/material pickup: Name: _____ Address: _____ Phone: _____
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**If a grant is to be charged, page 2 (Cost Transfer Justification) of University of Louisville Form For Intra-University Transfers must be completed and submitted with this request; it can be found here: <https://louisville.edu/finance/controller/forms/iut>*

Service	\$/Unit	\$/Add'l	Qty	Subtotal
Cassette tissue	2.50			
Process and embed	12.00			
Special embedding request		1.00		
H&E	6.00			
Unstained tissue section	1.50			
Unstained-multi section	3.00			
Decalcify bone/bony tissue	5.00			
Snap freeze (OCT embed)	15.00			
Frozen section H&E	6.00			
Frozen section-unstained	4.50			
Frozen section-multi-unstained	6.00			
Special stain* (first slide)	32.00			
Special stain* (add'l slides)		6.00		
IHC* (SPL antibody)	50.00			
IHC (PI antibody)	45.00			
Optimize antibody	200.00			
RNA free H&E	10.00			
RNA free-unstained section	5.50			
RNA free-unstained multi	7.00			
STAT fee	75.00			
100 slide box	10.00			
50 slide box	7.50			
25 slide box	5.00			
5 slide mailer	1.50			
MISCELLANEOUS:				
LAB USE TOTAL BILLED:				

Technical Notes / Special Instructions

Special Stain(s) Requested: _____

IHC Antibody Requested: _____

See SPL/PCRL website for a full list of special stains and IHC antibodies available.

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

Date completed: _____

Signature Required _____

Date _____