Histology Order Form

Please submit all requests to Xiaopeng Wang, Xiaopeng.Wang@med.usc.edu and copy the manager, Dr. Mitra, debbiemi@usc.edu. Valid account number and signatures of the principal investigator or authorized representative required.

Any changes to the order request MUST be communicated in writing

P.I. Name:	Requested By:
Date Submitted:	Date Needed:
Protocol Number:	Phone:
Account Number:	Email:
Animal:	Tissue:
<u>Fixative</u>	
½ Karnovsky's (LM, EM)10% Formalin (Paraffin)	4% Paraformaldehyde (Immunostaining)Other
,	e. fixative, buffer)
Work Requested	
• Step section • Serial section	• H & E staining • Frozen section
Describe orientation for cutting and	I what you are looking to find:
List of Items Submitted	
Submitted By:	Received By and Date:
	ervices to be performed and charged to the account number nd all charges related to this order and will pay on demand.
PI or Authorized Representative (Print)	Signature Date
The summary of the charges will be em	nailed to you at the conclusion of the work performed.

For IBT Translational Research In-Vivo Core Facility Use Only

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FEE DESCRIPTION	NUMBER SUBMITTED	UNIT COST	EXTENDED CHARGE	
Processing and Embedding		\$12.00		
Re-embedding		\$3.00		
Sectioning First Slide		\$7.00		
Sectioning Additional Slides		\$3.00		
Serial and Step Sectioning		\$7.00		
H & E Staining		\$4.00		
Material (Slides)		\$0.35		
Material (Slide Box)		\$5.00		
10% Formalin (100ml)		\$3.00		
Davidson's Fixative (100ml)		\$7.00		
Total Charged				