**The Morphology and Imaging Core **

LSU Health Sciences Center

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\* = Required Fields

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| \*Date Submitted:  | Request No. (Internal Use): **MIC-** |

CLIENT INFORMATION

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| \*PI’s Last Name:  | \*First:  | \*Staff:  |  | \*Department:  |

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| \*Contact: [ ]  Email [ ]  Phone | Phone:  | \*Email:  |

sample information

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| \*Sample Type | \*Collection Date: | \*Preservation Method: | Disease Process (Optional): |

services

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| Group A – **Imaging** (code / $ per hour)Equipment Cost Only (i.e. Labor not Included) | Group B – **Routine Histology**(code / $ per sample/slide/block)**Enter No. of samples:**  | Qty. per sample | Group C – **Special Histology**(code / $ per slide)**Enter No. of samples:**  | Qty. per sample |
| [ ]  Transmitted Light Microscopy (ULM / $19.66) | [ ]  Sample Dissection and/or Handling (DISS / $4.89) |  | [ ]  Special Stain I (SSGI / $8.17) |  |
| [ ]  Epifluorescence Microscopy (UFM / $32.02) | [ ]  Paraffin Processing (APP / $5.80) |  | [ ]  Special Stain II (SSGII / $8.17) |  |
| [ ]  Stereo Microscopy (USM / $33.30) | [ ]  Paraffin Embedding (AEM / $4.81) |  |  [ ]  Special Stain III (SSGIII / $9.76) |  |
| [ ]  Deconvolution Microscopy (UND / $52.03) | [ ]  Paraffin Sectioning (APS / $4.95) |  | [ ]  Indirect Immunoperoxidase (IIP / $8.57) |  |
|  [ ]  Confocal Microscopy (UNC / $55) | [ ]  Deparaffinization (ADP / $8.17) |  | [ ]  Indirect Immunofluorescence (IIF / $8.97) |  |
| [ ]  Multiphoton Microscopy ($104.96) | [ ]  Dehydration & Clearing (ADC / $8.17) |  | [ ]  Nuclear Fluor Counterstain (FCN / $7.57) |  |
| [ ]  Micro CT ($512.82) | [ ]  Cryosectioning (AFS / $8.17) |  | [ ]  Cytosolic Fluor Counterstain (FCC / $7.57) |  |
| [ ]  Biophotonic Imaging (in vivo) ($59.97) | [ ]  H&E - Paraffin (APHE / $7.77) |  | [ ]  Heat Induced Epitope Retrieval ($7.77) |  |
| [ ]  Laser Capture Microdissection ($74.09) | [ ]  H&E - Frozen (AFSHE / $7.77) |  |  |  |

[ ] ABOR

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| [ ]  Operation / Analysis / Interpretation (i.e. Assisted Labor) (code:TRG / $43.04 per hour) – Added to Group A Equipment Cost  |

comments / sample orientation / special handling instructions:

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|  |  INTERNAL USE: Received by: |  | Completed by: Date: |  |

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