

**UNIVERSITY OF MICHIGAN  
SCHOOL OF DENTISTRY  
HISTOLOGY CORE  
734-647-4324**

Accession # \_\_\_\_\_

**Samples picked up by:**  
**date:**

DATE \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

INVESTIGATOR \_\_\_\_\_ Contact Person \_\_\_\_\_

ADDRESS \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

PHONE # \_\_\_\_\_

INSTRUCTIONS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Sketch of sample view Investigator wishes to see          
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Number of samples dropped off _____ Code or sample id on samples          
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**HISTOLOGY CORE USE ONLY**

SLIDE BOX(ES) PROVIDED:	YES _____ NO _____	Provided at the time specimens are dropped off.
SLIDE Box(100)		_____ x \$11.00 = _____
SLIDE Box(25/50)		_____ X \$ 5.50 = _____
DEMINERALIZATION		_____ X \$ 5.50 = _____
PRODUCTION OF TISSUE BLOCK		_____ X \$ 5.50 = _____
SLIDE PREPARATION AND H & E STAINING		_____ X \$ 4.15 = _____
PREPARED SLIDE-UNSTAINED SECTIONS		_____ X \$ 2.75 = _____
SPECIAL STAINS:		
I PAS,Verhoeff's Elastic		_____ X \$ 7.00 = _____
II Trichrome		_____ X \$ 8.00 = _____
III Silver stains		_____ X \$ 9.00 = _____
NUMBERED SERIAL SECTIONS PER SLIDE		_____ X \$ 0.15 = _____
Special sectioning surcharge per sample (Difficult to section tissues or special handling surface decal,microscopic searches,ect)		_____ X \$ 2.00= _____
		TOTAL _____

TECHNICIAN \_\_\_\_\_