



# University of Toledo

## Integrated Core Facilities

### Histology Service Invoice Form

**Contact:** Allen Schroering  
**Mailing Address:** 3000 Arlington Ave.  
 Block Health Science Bldg., Lab 007  
 Toledo, Ohio 43614  
**Phone:** 419-383-6131  
**Email:** [allen.schroering@utoledo.edu](mailto:allen.schroering@utoledo.edu)

<b>Date:</b>	<b>Invoice #</b>
<b>Contact Name:</b>	<b>P.I. Name:</b>
<b>Contact Email:</b>	<b>Phone Number:</b>
<b>Payment Method:</b>	<b>Grant/Budget Number:</b>

Description of Services	Rate	Samples	Amount
Process & Embed	\$4.00/slide		
Section (.50 additional sections/slide)	\$2.00/slide		
H&E stain	\$4.00/slide		
Process, Embed, Section and H&E	\$12.00/sample		
Special stains (additional cost)	\$10.00/slide		
Process, Embed, Section and Special Stain	\$12.00/slide		
Immunohistochemistry/ IF	\$50.00/slide		
Cryostat sections (1.00 additional sections/slide)	\$4.00/slide		
IDISCO Processing and Immunostaining	\$100.00/sample		
Slide scanning (Brightfield)	\$4.00/slide		
Slide scanning (Fluorescence) per section	\$20.00/fluor		
Serial Sections additional hourly rate	\$30.00/hour		

Make all checks/transfers payable to: UT Advanced Microscopy and Imaging Center  
 Account # A10787  
 3000 Arlington Ave. MS1000  
 Toledo, Ohio 43614