



University of Toledo

Integrated Core Facilities

Histology Service Invoice Form

Contact: Allen Schroering
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 Toledo, Ohio 43614
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Date:	Invoice #
Contact Name:	P.I. Name:
Contact Email:	Phone Number:
Payment Method:	Grant/Budget Number:

Description of Services	Rate	Samples	Amount
Process & Embed	\$2.00/block		
Section (.50 additional sections/slide)	\$2.00/slide		
H&E stain	\$2.00/slide		
Process, Embed, Section and H&E	\$6.00/sample		
Special stains (additional cost)	\$6.00/slide		
Process, Embed, Section and Special Stain	\$12.00/slide		
Immunohistochemistry/ IF	\$25.00/slide		
Cryostat sections (1.00 additional sections/slide)	\$3.00/slide		
IDISCO Processing and Immunostaining	\$50.00/sample		
Slide scanning (Brightfield)	\$4.00/slide		
Slide scanning (Fluorescence) per section	\$15.00/fluor		
Serial Sections additional hourly rate	\$30.00/hour		
Technical Time	\$50.00/hour		

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