

**CORE SERVICE ORDER SHEET**

**CONFOCAL IMAGING CORE FACILITY  
DANA 814**

Principal Investigator \_\_\_\_\_ User Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Grant # to Bill: \_\_\_\_\_ Date \_\_\_\_\_

	SERVICE	AB	SLIDES	HOURS	BILLING	PRICE
1						
2						
3						
4						
5						
6						
7						

Total Due: \_\_\_\_\_

**COMMENTS / SPECIAL INSTRUCTIONS**

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

**PLEASE READ AND SIGN THE FOLLOWING WHEN PICKING UP MATERIALS:**

I have received the slide(s) and/or image(s) in the manner in which I requested. I understand the Confocal Imaging Core Facility will not store my slide(s) and/or image(s) and they are in my possession.

Signature \_\_\_\_\_  
 Investigator

<b>LAB USE ONLY</b>
Date completed _____
Accession # _____