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HISTOLOGY

Project Estimate

Date: _____ **Investigator (for bill):** _____

Contact person: _____ **Email:** _____

Project Name: _____ **Tel:** _____

Sample description: _____

| Service: | \$/un. <small>(acad./industry)</small> | Unit | Time | *Extra staining <small>(50\$/hr acad. or 100\$/hr industry)</small> | Unit | Time |
|------------------------------------------------------------|-------------------------------------------|------|------|------------------------------------------------------------------------|------|------|
| Package of Paraf. (Embed/ 3 sections/1stain) ¹ | 12\$/24\$ | | | *H&E (default, paraffin pk.) | | |
| Package of plastic (Embed/ 3 sections/1stain) ¹ | 24\$/48\$ | | | *VK/Tol Blue (default, plastic pk.) | | |
| Embed only (paraffin) | 6\$/12\$ | | | *PAS | | |
| Embed only (plastic) | 12\$/24\$ | | | *SafO | | |
| Cutting/extra cut (paraffin) | 50\$ or 100\$/Hr | | | *NFR | | |
| Cutting/extra cut (plastic) | 50\$ or 100\$/Hr | | | *Goldner T | | |
| Cryomicrotomy | 50\$ or 100\$/Hr | | | *ALP | | |
| Trimming | 50\$ or 100\$/Hr | | | *TRAP | | |
| Preparation of samples, as required | 50\$ or 100\$/Hr | | | *Other: | | |
| Decalcify samples | 50\$ or 100\$/Hr | | | | | |
| ² Histomorphometry | 50\$ or 100\$/Hr | | | ³ Immunohistochemistry | | |

*Estimated cost: Subject to complexity and number of sample.

¹ ADDITIONAL COST FOR EXTRA SECTIONS

² Histomorphometry package available upon request.

³ Contact histology platform concerning antibodies & protocols.

Slide box (L) (6.00\$) _____

Slide box (S) (8.40\$) _____

Other: _____

Special Instructions:

SIGNATURE: _____

Client has been contacted to pick up the material (initials: _____)

Client has picked up material (initials, date: _____)