<table>
<thead>
<tr>
<th>Principle Investigator:</th>
<th>Department/College:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requesting/Contact Person:</td>
<td>Phone Number:</td>
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<tr>
<td>Fax Number:</td>
<td>E-mail Address:</td>
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<tr>
<td>Date Requested:</td>
<td>Date Requested for Completion:</td>
</tr>
<tr>
<td>Specimen Identification</td>
<td>Billing Information (Name and Address) and Cost Center</td>
</tr>
</tbody>
</table>

(Government Funding □ Yes □ No)

Processing and Paraffin Block Requests: Subtotal $__________
- □ Gross, Process and Embed **$5.32 per paraffin block**. # of blocks: ______
- □ One Unstained Slides (1) per paraffin block (**$8.27**)
- □ 2-10 Unstained Slides **($12.51 per paraffin block)**. # of blocks: ______
- □ 11-20 Unstained Slides **($16.75 per paraffin block)**. # of blocks: ______
- □ Other ____________________________ Price to be discussed

Paraffin block with Hematoxylin and Eosin Stain Requests: Subtotal $__________
- □ One H&E slide(s) x _____ block (**$10.44 including processing, embedding, and cutting per block**)  
- □ Additional H&E slide(s) (____)x____block (**$4.24 for 2-10 slides per block**)  
- □ Additional H&E slide(s) (____)x____block (**$8.48 for 11-20 slides per block**)  

Special Stain Requests: Subtotal $__________
- □ Special Stains x _____ **($14.84 per special stain per slide)**  
  Specify: PAS, Trichrome, Iron, Reticulin, Other: ________________  
- □ Other ____________________________ Price to be discussed

Immunohistochemistry Requests: Subtotal $__________
- □ Immunostains x _____ **($28.24 per test. Antibody on current PDL Immuno requisition)**  
- □ $100.00 Set-up Fee for antibody not present on PDL requisition. Price to be discussed

Other Requests: Subtotal $__________
- □ Specify: ____________________________ Price to be discussed

Date of Service Completed ________________  
Total $__________

Medical Director of PDL Approval: ________________________________

Signature