

**Department Of Diagnostic Medicine / Pathobiology
Transmission Electron Microscopy Work Order**

Date: _____

EM # _____

Person Requesting Work: _____

Individual to be billed: _____

Account # _____

Billing Address: _____

<u>Quantity</u>			<u>Total</u>
	<u>Processing</u>		
_____	Base Charge (1-5 specimens) @	\$150.00	_____
_____	Specimens after first 5 @	\$18.00	_____
_____	Hours (special processing requests) @	\$30.00	_____
	<u>Microtomy</u>		
_____	Blocks (semi-thin sectioning) @	\$11.00	_____
_____	Blocks (ultra-thin sectioning) @	\$12.00	_____
	<u>Beam time</u>		
_____	Hours @	\$96.00	_____
	<u>Micrographs & Photography</u>		
_____	4" X 5" prints @	\$6.00	_____
_____	5" x 7" prints @	\$6.60	_____
_____	8" x 10" prints @	\$7.20	_____
	<u>Additional Prints</u>		
_____	4" X 5" prints @	\$1.50	_____
_____	5" x 7" prints @	\$2.10	_____
_____	8" x 10" prints @	\$4.20	_____

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Total = _____