

THE J. DAVID GLADSTONE INSTITUTES

Tracking No. _____

Credit Acct. _____

**ORDER/INVOICE
MICROSCOPY CORE FACILITY**

Shaded Areas For Core
Use Only

Name (Service Requested By)	Account No.	Date (Specimens Received)
Signature Authorization	External PO #	Contact Person and Phone No.

TRANSMISSION ELECTRON MICROSCOPY

	List specimens and describe request briefly.	TEM		STAIN		Image Analysis	CHARGES
		Negative Stain	Thin Sxn	Imm	Special		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Extras:

Special Instructions:

TOTAL

Comments:

Microscopist's Signature _____ Date Completed _____

Note: Please sign invoice, print 3 copies, and deliver to core personnel.