

**Thomas Jefferson University Department of Pathology, Anatomy and Cell Biology
Electron Microscopy Facility**

Requestor _____

Institution/Location _____

Department _____

City _____

State _____ Zip Code _____

Phone Number _____

Email Address _____

Charge Code _____ / _____ / _____ / _____

	Number of Samples	Total Fees
Negative Staining	_____ /Sample	\$ _____
Fix and Embed	_____ /Sample	\$ _____
Limited (Section & Scope)	_____ /Sample	\$ _____
Standard (Fix, Embed, Section & Scope)	_____ /Sample	\$ _____
Standard and Serial Sectioning	_____ /Sample	\$ _____
Cryo Fix and Section	_____ /Sample	\$ _____
Standard and Tilt Angle	_____ /Sample	\$ _____
Total to be Charged to Charge Code		\$ _____

Additional Instructions:

For Further Information Please Contact:

Facility Operator

Timothy Schneider

215-503-7834

Timothy.schneider@jefferson.edu

Director

Gyorgy Hajnoczky, Ph.D.

215-503-5020

gyorgy.hajnoczky@jefferson.edu

*****Please drop all samples off at 1020 Locust Street, JAH Room 552*****

PI Signature _____ Date _____

Administrator Signature _____ Date _____