

Slide Digitization Submission Form

Project Name:
PI Name:
Contact Person:
Contact Email:
Contact Phone:

Affiliation

UTHSC

Department:

Other Healthcare/Educational Institute

Fee: \$50 per Hour
Facility:
Billing Contact:
Billing Address:
Billing Phone:
Billing Email:
Account:

Commercial

Fee: \$80 per Hour
Company:
Billing Contact:
Billing Address:
Billing Phone:
Billing Email:
Account:

Number of Slides Submitted: _____

Tissue Origin (mark one)

Human

Animal

IRB Approval?

Yes: Number:

Educational Purposes:

Scanning Options

Bright Field

20x

40x

Fluorescent

Fluorochromes:

Special Instructions:

Please Note: All slides must have cover slips adhered and be free of any excess and/or wet mounting medium. Allow adequate time for mounting medium to dry before submitting slides. Once notification of scanning completion is sent to the Contact person listed above, slides must be retrieved from the scanning facility within 7 business days. Images will be stored on the server for 1 year from the capture date.

Signature of Responsible Party

Date

Disclaimer: All slides submitted to the scanning facility will be carefully handled. The scanning facility is **not** responsible for breakage.