

## In Vivo Imaging Core (IVIC) Service Receipt

User Name		Department Name	
PI Name		Division Name	
Date		Department Number	
Appointment Time (Start Time - End Time)			
DDRCC Member? (Please circle one)		Yes or No	
<b>Service Charge Summary</b>			
Service Type	Bill Rate (Tier II or III)	Total Hours	Cost (\$)
2P Microscope (Tier II or III)	\$120/hr or \$80/hr		
Analysis Computer (Tier II or III)	\$80/hr or \$40/hr		
<b>Service Charge Total (\$USD)</b>			
<b>Mice Charge Summary</b>			
Mouse Type	Price	Strain/Quantity	Cost (\$)
Reporter/Transgenic/Knock out	\$50 per mouse		
Wild-type (B6, Balb/C)	\$25 per mouse		
<b>Mice Charge Total (\$USD)</b>			
<b>Reagents Charge Summary</b>			
Reagent Type	Price	Reagent/Quantity	Cost (\$)
Media Bottle (DMEM, CO <sub>2</sub> -independent) 500 mL	\$40 per bottle		
ACSF Vial (Artificial Cerebrospinal Fluid) 5mL	\$20 per vial		
Q-dots	\$16 per 5μL		
Vital Dyes (CFSE, CMTMR, etc.)	\$30 per aliquot		
FluoSphere (fluorescent beads)	\$30 per mouse		
Fluorescent Labels (DAPI, Dextran)	\$15 per mouse		
Anesthesia/Euthanasia	\$10 per mouse		
<b>Reagents Charge Total (\$USD)</b>			
<b>Total Charge (Service + Mice + Reagents) \$USD</b>			

I acknowledge the use of the IVIC services and materials listed in this form and agree to pay the total amount calculated in this receipt.

User Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments (Please comment if you have anything to report about the system, mice or reagents):