

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 | |
| Service Charge Summary | | | |
| 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 | | |
| Service Charge Total (\$USD) | | | |
| Mice Charge Summary | | | |
| Mouse Type | Price | Strain/Quantity | Cost (\$) |
| Reporter/Transgenic/Knock out | \$50 per mouse | | |
| Wild-type (B6, Balb/C) | \$25 per mouse | | |
| Mice Charge Total (\$USD) | | | |
| Reagents Charge Summary | | | |
| Reagent Type | Price | Reagent/Quantity | Cost (\$) |
| Media Bottle (DMEM, CO ₂ -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) or Cabachol | \$15 per mouse | | |
| Anesthesia/Euthanasia | \$10 per mouse | | |
| Ventilator | \$20 per hour | | |
| Alexa Fluor® 594; 10,000 MW | \$30 per 50μL | | |
| Reagents Charge Total (\$USD) | | | |
| Total Charge (Service + Mice + Reagents) \$USD | | | |

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):