NUTRITION OBESITY RESEARCH CENTER

CHARGEBACK SHEET

MOUSE ATHEROSCLEROSIS SUBCORE

Core Director:	Kevin D O'Brien	Phone:	206-685-3930	Date:	MM/DD/YY
Services Contact Name:	Kevin D O'Brien	Fax:	206-685-9394		
UW Mailbox:	356422	Email:	cardiac@u.washington.edu		

SECTION 1- TO BE FILLED BY SERVICE REQUESTER

UW NORC Affiliate Investigator (AI):	☐	Name of AI:	
Non-UW NORC Affiliate Investigator (Non- AI):	☐	Name of Non-AI:	

Requester Contact Info:		Fiscal/Grant Info:	
Service Requester's Name (if different from AI/Non-AI):		Budget Number for Billing:	
Address/UW Mailbox:		Budget Name:	
Phone:		Grant Title:	
Email:		Project Title (if different than Grant title):	
Address/UW Mailbox:			
Technical/Fiscal Contact Name:		Grant Number:	
Address/UW Mailbox:		IACUC/IRB Approval number/s:	
Phone:		IACUC/IRB Approval date/s:	
Email:		IACUC/IRB PI:	

SECTION 2- TO BE FILLED BY SERVICE PROVIDER

Services Preformed	Unit Price	Unit	Quantity	Subtotal
Histology Stains				
H & E, Oil red O	$6	Slide		
PAS, Picrosirius, Trichrome	$8	Slide		
Silver methenamine, MOVATS	$25	Slide		
Immunohistochemistry				
IHC/FITC staining	$16	Slide		
Batch staining ($\leq$ 48 slides)	$251	Batch		
New antibody workup	$251	Batch		
TUNEL (Apoptag plus)	$35	Slide		
Morphometric Analysis				
Aortic Sinus Atherosclerosis				
Aortic Root Lesion Size – MOVATS	$24	Per Case		
Aortic Root Lesion Size – ORO	$40	Per Case		
Aortic Root Lesion Size – IHC	$40	Per Case		
Adipose Tissue				
Adipocyte sizing	$80	Per Case		
IHC/FITC analysis	$40	Per Case		
Stromal vascular expansion	$40	Per Case		
Crown like structures	$40	Per Case		
	Total:			

Service Dates (One Time/ Several Sets) and Species:					
Service Date/s:	MM/DD/YY-MM/DD/YY				
# of Animals Per Set:					
Species:					
Total Period of Performance :	MM/DD/YY-MM/DD/YY				
Estimated Use and Comments:					

Please submit chargeback sheet to: UWNORC@uw.edu   Rev. 9/26/13