

VETERINARY DIAGNOSTIC CENTER
 Research Price Sheet/Submission Form

Office Use Only

FRM-VDC-028 9.0

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Opened/Rec'd by:		Copies of this form are located in room 238 and on the NVDC's website	
		Accession Number	
Date Rec'd	Case Coordinator	Referral No.	
Effective Date		Review Date	
10Apr2025		10Apr2026	

Non-UNL Research Submissions	Date:
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Company/University:	Submitter:
Address:	PO #:
Phone:	Email:

UNL Research Submissions	Date:
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UNL Cost Object (Req):	Bill Party (Req): Dept ☐ Researcher ☐
Department (Req):	Researcher (Req):
Researcher Phone:	Researcher Email:
Bill Party Address:	
Bill Party Phone:	Bill Party Email:

Submissions ****STAT** ☐ (additional fees apply)**

Species:	Specimen Type:	Number of samples:
Related Accession(s):		

Services requested

Histology (price per block or slide):		Slide Scanning	
Decal	\$3.30	Unstained Section from block	\$5.50
Process, Embed	\$9.35	H&E Stain, precut slide	\$6.60
Process, Embed, Unstained	\$11.00	Additional H&E – cut & stain	\$11.00
Process, Embed, H&E Stain	\$12.10	Special Stain**	\$9.35
Trim, Process, Embed	\$12.65	Immunohistochemistry (IHC)	\$23.10
Trim, Process, Embed, Unstained	\$13.20	Cryosection	\$12.50
Trim, Process, Embed, H&E stain**	\$18.00	Slide Boxes	\$13.09
Histo Tech Time, per hour	\$20.90	**If you are using a UNL cost object, a discounted price will be reflected on your bill for these items.	

Development of new Special Stain or Immunohistochemistry - Call for pricing

Available Special Stains:	Acid Fast, Fite, Congo Red, Oil Red O, Giemsa, GMS, Trichrome, Gram/B&B, Iron, PASM, PASF, WSS, Von Kossa, Martius Scarlet Blue
Available IHCs:	Actin, B. Corona, B. Rota, Brachyspira, BRSV, BVD, B/T Cell, CD34, C-Kit, Circovirus, Cytokeratin, Desmin, Factor VIII, GFAP, Iba1, IBR, K9 IgG, Parvo, Lawsonia, Melanin A, Neospora, PRRS, P. Rota, S100, SIV, Synaptophysin, TGE, Vimentin, West Nile Virus

Other (refer to current fee schedule for test listing and pricing):

Will there be multiple submissions within the next 7 days? Y / N

Special Instructions (interpretation, protocol details, etc.):



With this submission, I agree to abide by the policies of the NVDC.

Associated NVDC Pathologist:

Date needed by:

