

**Shared Services Agreement**  
**Electron Microscopy Core Facility**  
**Medical University of South Carolina**  
**Department of Pathology and Laboratory Medicine**  
**Division of Research**

Date: \_\_\_\_\_

SERVICE	MUSC USER FEES effective July 1, 1997	
Electron Microscope Use/Hour	\$25 1-25 hours \$15 26+ hours	INVESTIGATOR: _____
Processing/Embedding Tissue/Vial	\$50	DEPARTMENT: _____
Processing/Embedding Tissue Culture Monolayers/Sample	\$75	<b>METHOD OF PAYMENT</b>
Thick sections only/block	\$10	<input type="checkbox"/> Bill to Cost Recovery Center _____
Thin sections/block	\$50	
Total SEM sample prep/sample	\$50	<input type="checkbox"/> Bill to Individual Name: _____
CRITICAL POINT DRYING	\$20/cycle	Address: _____
Sputter Coating	\$20/cycle	City, State, Zip: _____
Carol's Technical Assistance/hour	\$50	Telephone: _____
Prints of Digital Images	\$7.50/each	<input type="checkbox"/> Bill to Company _____ _____ _____ _____

**SPECIAL NOTES**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Print Signature \_\_\_\_\_

\*Signature indicates that costs above have been explained and that the user agrees to pay for services each month as they are billed.