



**Electron Microscope Unit**  
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## **ELECTRON MICROSCOPE UNIT REQUEST FORM**

### **DIAGNOSTIC**

Submitting Person: \_\_\_\_\_

Practise / Company / Department: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-mail address: \_\_\_\_\_

Contact number: \_\_\_\_\_

Number of samples: \_\_\_\_\_

Sample type/s: \_\_\_\_\_

Sample reference/s: \_\_\_\_\_

\_\_\_\_\_

Sample Owner: \_\_\_\_\_

\_\_\_\_\_

History / notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Test requested (see page 2 for list of options and prices): \_\_\_\_\_

Signature: \_\_\_\_\_

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

TRANSMISSION ELECTRON MICROSCOPY - DIAGNOSTIC			Vet Sciences	UP	Other
	<u>Ultrastructural pathology</u>				
UP1	Fresh tissue in fixative	Fixation, Dehydration, Embedding, Sectioning, Staining, Screening, Imaging + Report with images if applicable	R435	R530	R620
UP2	Wax Block	Dewaxing, Fixation, Embedding, Sectioning, Staining, Screening, Imaging + Report with images if applicable	R420	R510	R600
UP3	Histopathology slide Pop-off	Dewaxing, Fixation, Embedding, Sectioning, Staining, Screening, Imaging + Report with images if applicable	R455	R555	R650
	<u>Negative stain Viral identification</u>				
NS1	Fluids (faeces, extracts, etc.)	Isolation, Staining + Presence/Absence report with images if applicable	R180	R190	R200
NS2	Tissue (warts, organs, etc.)	Extraction from tissue, Isolation, Staining + Presence/Absence report with images if applicable	R195	R205	R220