Name _________________________________________  P.I.  _____________________________
Phone ____________________________  Dept.  _______________________________________  
Project name for archiving:  ________________________________________________________

COA number:
CO01 GR______________ YD_________ CC_________ PG_________ PJ000001______ _______ ________ ________ ________  
Grant Yale Desig. Cost Center Program Assignee Fund

PURPOSE of WORK:

BILLING CATEGORY:
☐ Clinical:  QAQI _____ Lab__________ Professional _____________  ☐ Resident  ☐ Pathology Fellow
☐ Department ☐ Outreach ☐ Other: _____________  ☐ Teaching: Path 100______ Graduate (BBS) ________ PA Prog _______

WORK DESCRIPTION:

SCANS & IMAGING
☐ Aperio Whole Slide Imaging:
   Research Aperio orders use Form A
   Clinical and Teaching orders use Form B
☐ Slide Scan ______  ☐ for Print (high-res: 300 dpi)
☐ Flatbed Scan ______  ☐ for PPT (low-res: 144 dpi)

POSTERS and PHOTO PRINTS
☐ Digital Poster ______
size ______ x _______ x _______ = $ __________
☐ Set-up $15.00 _____  ☐ Mailing Tube $2.00 _____
☐ Photo Letter-size _______  ☐ Photo 13 x 19 ________

COLOR LASER PRINTS
☐ Letter-size _______  ☐ Tabloid 12 x 18 _______

MATERIAL COSTS
$ ___________ for _______________________________________

CUSTOM JOB COST:
$ ___________ for _______________________________________

GRAPHIC LABOR: