**Pathology Digital Imaging**

Name _________________________________________  P.I.  _____________________________

Phone ____________________________  Dept.  _______________________________________

Project name for archiving: ________________________________________________________

Tel. 203.785.6500  
Email: pathdigital@yale.edu  
Yale Pathology  
310 Cedar St., B50-C

**Order ID:**

In Date: ______________________

Due Date: ____________________

**COA number:**

CO01 • GR ______ • YD ______ • CC ______ • PG ______ • PJ000001 • ______ • FD ______ (Ledg)-(Spend)

**Purpose of Work:**

**Billing Category:**

- Clinical: QAI _____  Lab ________  Other ______
- Teaching: Path 100 _____  Graduate (BBS) ______  PA Prog _____
- Research: [ ] Grant Name: ______________
- Poster (mtg/location): ______________________
- Department  [ ] Resident  [ ] Outreach  [ ] Other: __________

[ ] Professional Development:

[ ] Conference: __________________________
[ ] Publication: _______________________
[ ] Grant Application: _________________
[ ] Lecture (title/series): ______________
[ ] Other: ____________________________

**Work Description:**

**SCANS**

- Slide Scan _____  [ ] for Print (high-res: 300 dpi)
- Flatbed Scan _____  [ ] for PPT (low-res: 144 dpi)
- Microscope Slide _____  [ ] for Web (72 dpi only)

[ ] Image correction  

Format: [ ] jpg  [ ] tiff  [ ] pdf

**Poster**

[ ] Dig. Poster _____ size ______ x ______ x ______ = $ ______

[ ] Set-up + Proof______  [ ] Mailing Tube $2.00 ______

**Prints**

Images per page: _________  Total of each image: _________

[ ] Reposition charge

**Graphic Labor:**

| Material Costs: $ _________ for _________ |