

Histology Submission Form

Customer Support: 1-800-669-0825
E-mail: IDEXXBioAnalytics@IDEXX.com

Ship Samples To:
4011 Discovery Drive
Columbia, MO 65201



BioAnalytics

Submitter Information

Submitter Name: _____ Address: _____
Study Director (If applicable): _____ City/State/Zip: _____
Company/Institute: _____ Country: _____
Department/Lab: _____ Phone Number: _____
Quote #: _____ E-mail: _____

Bill to Check if billing address same as submitter address.

Account Number (If known): _____ Address: _____
Company/Institute: _____ City/State/Zip: _____
Attention: _____ Country: _____
PO Number (Optional): _____ Phone Number: _____
E-mail: _____

Payment information is required for prompt processing of samples.

Submission Date: _____ Species: _____ Breed/Strain: _____ # Animals: _____

Study ID/Project Title: _____ Tissue Fixative: _____
(If tissue transferred into different fixative for shipping, please note fixative type in special instructions below.)

STAT Service Requested: No Yes (Additional charges will apply for STAT service.)

Is this shipment a biohazard? No Yes If yes, list biohazard type: _____

Do you require pathologist evaluation? No Yes If yes, complete Anatomic Pathology Evaluation Request Form.

List of tissues to be processed: (Please use page 2 for entry of Animal/Sample IDs and service request.)

Special instructions: (e.g., # of sections per slide, section for PCR, etc. Attach additional pages with diagrams as needed.)

Histology Submission Form

Submitter Name: _____ Study ID/Project Title: _____

Specimen information can also be submitted as an attached Excel spreadsheet.

| Animal ID/ Sample ID (Required) | Group ID (Opt.) | Trim/ Prosect | Embed Only | H&E Slide (List # slides) | Unstained Slide (List # slides) | Special Stain (List stain below.) |
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IDEXX BioAnalytics Use Only

Form Has Been Reviewed: Check box if not applicable

Pathologist Signature: _____ Date: _____