

# Anatomic Pathology Evaluation Request Form



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Ship Samples To:  
4011 Discovery Drive  
Columbia, MO 65201

**BioAnalytics**

**This form must be appended to a completed Histology Submission Form.**

## Submitter Information

Submitter Name: \_\_\_\_\_ Study ID/Project Title: \_\_\_\_\_

**Diagnostic Pathology Submission** *(includes sick, moribund, and euthanized for unexpected outcome per IACUC protocol)*

Please provide the clinical history (attach additional pages if necessary): \_\_\_\_\_ Patient/Animal ID: \_\_\_\_\_

**Research or Toxicological Pathology Submission**

Have you consulted with a pathologist?  No  Yes Pathologist name: \_\_\_\_\_

If no, would you like a pathologist consult prior to slide evaluation?  No  Yes

What evaluation parameters are required?

Standard scoring (0-4 with 0 = no lesions, 1 = minimal, 2 = mild, 3 = moderate, 4 = marked)

Specialized scoring methods (please attach method or scientific literature describing method)

Morphometric analyses (please attach method or scientific literature describing method)  
Pathologist consult recommended.

Please provide the study description (minimum information needed for evaluation includes age, sex, genetic background, time points, treatment groups, target tissue(s), and general category of therapeutic/medical device/intervention) and if an alternative format to our standard format is requested (standard format includes individual animal scored data tabulated by tissue, group scored tabulated data, and written narrative) (attach additional pages if necessary):

Digital Photography Requested  No  Yes

Describe photography expectations (one photo per tissue, only of select findings, annotations, etc.):

Please list your specific evaluation needs or objectives for evaluation:

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Form Has Been Reviewed:  Check box if not applicable

Pathologist Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Page \_\_\_ of \_\_\_