

# Histology Submission Form



Customer Support: 1-800-544-5205, Opt. 2  
Fax: 916-372-2783  
E-mail: RST@idexx.com

Ship Samples To:  
2825 KOVR Drive  
West Sacramento, CA 95605  
or  
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: \_\_\_\_\_  
Invoice Type:  E-mailed  Mailed 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 Histopathology Evaluation Request Form.

Regulatory Requirements:  non-GLP  GLP For GLP services, ship samples to the W. Sacramento, CA location.  
IDEXX must have a final, signed protocol on file for the study.

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.)



# Histopathology Evaluation Request Form



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

## Submitter Information

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

### Diagnostic Pathology Submission

Please provide the clinical history (attach additional pages if necessary):

### Research 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)

Request blinded evaluation of slides?  No  Yes

If no please provide a description of the study or attach a protocol. Minimum information needed for evaluation includes age, sex and genetic background of the animal model, time points, treatment groups, target organs and compound(s) administered.

Please provide the study description and describe report format if a particular type is required (attach additional pages if necessary):

Digital Photography Requested  No  Yes

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

Comments (IDEXX BioAnalytics Use only):

Form Has Been Reviewed:  Check box if not applicable

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

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

## Submitter Information

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

### Toxicologic Pathology Submission

Is the study:     GLP     non-GLP

For a GLP study, pathology consultation is required and a final signed protocol must be received by IDEXX BioAnalytics.

Request a blinded evaluation of slides?     Yes     no    (If no, attach a final study protocol.)

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)

Please describe specialized scoring/analysis and describe report format if a particular type is required (attach additional pages if necessary):

Digital Photography Requested     No     Yes

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

Comments (IDEXX BioAnalytics Use only):

Form Has Been Reviewed:     Check box if not applicable

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

Date: \_\_\_\_\_ Page \_\_\_ of \_\_\_