

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.) |
|------------------------------------|--------------------|--------------------------|--------------------------|------------------------------|------------------------------------|--------------------------------------|
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |

IDEXX BioAnalytics Use Only

Form Has Been Reviewed: Check box if not applicable

Pathologist Signature: _____ Date: _____

Anatomic Pathology Evaluation Request Form



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

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:

IDEXX BioAnalytics Use Only

Form Has Been Reviewed: Check box if not applicable

Pathologist Signature: _____ Date: _____ Page ___ of ___