

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

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.)

