IDEXX BioAnalytics

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:Phone Number:					
Department/Lab:						
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: B	reed/Strain: # Animals:					
Study ID/Project Title: Tissue Fixative:						
(If tissue transferred into different fixative for shipping, please note fixative type in special instructions below.)						
·	itional charges will apply for STAT service.)					
	If yes, list biohazard type:					
	s, complete i instopationogy Evaluation rioquest i simi.					
Regulatory Requirements: \square non-GLP \square 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 F	CR etc. Attach additional pages with diagrams as needed)					
opeoid: instructions. (e.g., π or sections per slide, section for F	on, etc. Attacin additional pages with diagrams as needed.)					



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Submitter Name:	Study ID/Project Title:						
Specimen information can also be submitted as an attached Excel spreadsheet. Special Stain							
Animal ID/ Sample ID (Required)	Group ID (Opt.)	Trim/ Prosect	Embed Only	H&E Slide (List # slides)	Unstained Slide (List # slides)	(List stain below. If IHC, list antibody details in special instructions)	
		_					
		_					
Samples received trimmed: Comments:	□ No □	Yes 🗆	N/A Inven	toried by (date	, time, initials):		
Form Has Been Reviewed:	☐ Check box if not applicable						
Pathologist Signature:	Date:						

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