

Histology Submission Form



BioResearch

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: _____
FedEx Account Number*: _____

Payment information is required for prompt processing of samples.

**if you wish to pay for return shipping of study materials*

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.)

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. If IHC, list antibody details in special instructions)
		<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"/>			
		<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"/>			

Samples received trimmed: No Yes N/A Inventoried by (date, time, initials): _____
Comments: _____ Form Has Been Reviewed: Check box if not applicable

Histopathology Evaluation Request Form



BioResearch

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

2825 KOVR Drive
West Sacramento, CA 95605
or
4011 Discovery Drive
Columbia, MO 65201

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 BioResearch Use only):

Form Has Been Reviewed: Check box if not applicable

Pathologist Signature: _____ Date: _____ Page ___ of ___

Histopathology Evaluation Request Form



BioResearch

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 BioResearch.

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 BioResearch Use only):

Form Has Been Reviewed: Check box if not applicable

Pathologist Signature: _____

Date: _____ Page ___ of ___