

# Sample Submission Form

Form-OP-002-1 V4.1

## Sponsor Information

Sponsor/ Company Name: \_\_\_\_\_ Quote No.: \_\_\_\_\_  
 \_\_\_\_\_ PO No.: \_\_\_\_\_  
 Study Director/ Contact: \_\_\_\_\_ Study No.: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_

## Sample Details

Species: \_\_\_\_\_ Tissue Type(s): \_\_\_\_\_ Light Sensitive: Yes, probe \_\_\_\_\_

### Numbers of

\_\_\_\_\_ Wet samples \_\_\_\_\_ Frozen blocks  
 \_\_\_\_\_ Cassettes \_\_\_\_\_ Frozen slides  
 \_\_\_\_\_ Paraffin blocks \_\_\_\_\_  
 \_\_\_\_\_ Paraffin slides \_\_\_\_\_

### Fixative Used

10 % Formalin  
 4 % PFA  
 \_\_\_\_\_  
 Time in fixative \_\_\_\_\_

### Current Storage

10 % Formalin  
 70 % Ethanol  
 \_\_\_\_\_  
 Time in storage \_\_\_\_\_

## Histology Procedures

### Decalcification

EDTA  
 Formic Acid  
 N/A

### Processing Media

Paraffin  
 Frozen  
 Resin  
 N/A

### Orientation

Cross-section  
 Longitudinal  
 \_\_\_\_\_  
 \_\_\_\_\_

### Sectioning

Slides/sample \_\_\_\_\_  
 Sections/slide \_\_\_\_\_  
 Thickness \_\_\_\_\_  $\mu\text{m}$   
 (Paraffin standard: 5  $\mu\text{m}$ )  
 (Frozen standard: 10  $\mu\text{m}$ )

### Histochemical Staining

H&E  
 Masson's Trichrome  
 PSR (specify in Special Request)  
 \_\_\_\_\_  
 \_\_\_\_\_

### Region of Interest

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### IHC Staining

IHC  
 IF  
 Protocol Development

**Special Request** (For IHC & IF projects, please identify the appropriate samples for positive & negative controls if applicable)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Project turnaround time

Standard  
 Rush (ask for availability)  
 Super Rush (ask for availability)

### Slide Analysis

Quantification  
 Pathology Report  
 \_\_\_\_\_

### Imaging

Image Delivery  FTP  DVD  
 Whole Slide Imaging  20x  40x  
 Confocal Imaging  Yes, \_\_\_\_\_

### Sponsor Signature:

\_\_\_\_\_ **Date:** \_\_\_\_\_

### Wax-It Internal Record:

Receiver's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Courier Name: \_\_\_\_\_ Slide box submitted  Yes, how many \_\_\_\_\_ **Work Order No.:** W \_\_\_\_\_ - \_\_\_\_\_