

# Sample Submission Form

Form-OP-002-1 V4.3

## Study Information

Test Facility Name: _____	Study No.: _____
Study Director/ Contact: _____	PO No.: _____
Address: _____	Quote No.: _____
_____	Phone No.: _____
Email Contact: _____	Email Invoice to: _____

## 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

<input type="checkbox"/>	10 % Formalin
<input type="checkbox"/>	4 % PFA
<input type="checkbox"/>	_____

 Time in fixative \_\_\_\_\_

### Current Storage

<input type="checkbox"/>	10 % Formalin
<input type="checkbox"/>	70 % Ethanol
<input type="checkbox"/>	_____

 Time in storage \_\_\_\_\_

## Histology Procedures

### Decalcification

<input type="checkbox"/>	EDTA
<input type="checkbox"/>	Formic Acid
<input type="checkbox"/>	N/A

### Processing Media

<input type="checkbox"/>	Paraffin
<input type="checkbox"/>	Frozen
<input type="checkbox"/>	Resin
<input type="checkbox"/>	N/A

### Orientation

<input type="checkbox"/>	Cross-section
<input type="checkbox"/>	Longitudinal
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

### Sectioning

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

### Histochemical Staining

<input type="checkbox"/>	H&E
<input type="checkbox"/>	Masson's Trichrome
<input type="checkbox"/>	PSR (specify in Special Request)
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

### Region of Interest

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

### IHC Staining

<input type="checkbox"/>	IHC
<input type="checkbox"/>	IF
<input type="checkbox"/>	Protocol Development

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

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

### Sample Returning (✓)

	Blocks	Samples	Empty Containers
Return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage (Maximum 6 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Project turnaround time

<input type="checkbox"/>	Standard
<input type="checkbox"/>	Rush (ask for availability)
<input type="checkbox"/>	Super Rush (ask for availability)

### Slide Analysis

<input type="checkbox"/>	Quantification
<input type="checkbox"/>	Pathology Report
<input type="checkbox"/>	_____

### Imaging

Image Delivery	<input type="checkbox"/>	FTP	<input type="checkbox"/>	DVD
Whole Slide Imaging	<input type="checkbox"/>	20x	<input type="checkbox"/>	40x
Confocal Imaging	<input type="checkbox"/>	Yes,	<input type="checkbox"/>	_____

**Study Director Signature:** \_\_\_\_\_

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

### Wax-It Internal Record:

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

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