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IHC / IF Optimization Information Form

Sponsor Information

Form-OP-00?-1 V1.1

Company Name: _____ Phone No.: _____
 _____ email.: _____
 Study Director/ Contact: _____ Study No.: _____

Sample Details

Target: _____
 Species: _____ Tissue Type(s): _____ Light Sensitive? Probe λ ? _____
 Do we need to purchase the antibody/ies for you? _____

Recommended positive tissues for this study?

Recommended negative tissues for this study?

<u>Predicted positive group in study?</u>	<u>Predicted negative group in study?</u>	<u>Do you Expect:</u>	
		Increased Expression	<input type="checkbox"/>
		Decreased Expression	<input type="checkbox"/>
		KO'd Expression	<input type="checkbox"/>
		Unknown	<input type="checkbox"/>

Project Background / Any other relevant information:

Sponsor Signature: _____ Date: _____

Wax-It Internal Record:

Work Order No.: W ____ - _____ Date Received _____