

Sample Submission Form

Form-OP-002-1 V4.5

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 _____

Number of Samples

_____ 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 _____ μm
 (Paraffin standard: 5 μm)
 (Frozen standard: 10 μm)

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)

Sample Returning (✓)

Blocks Samples Empty Containers

Return _____
 Storage (Max 6 months) _____
 Discard _____

Turnaround Time

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

Slide Analysis

Quantification
 Pathology Report

Delivery

Web USB

Imaging

Aperio	Whole Slide	20x	40x
Confocal	Whole Slide		X
	Snapshot		X
Thunder IF	Whole Slide		X
	Snapshot		X

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 _____ - _____