

Please feel free to contact us if you have any questions



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Sample Submission Form

Form-OP-002-1 V4.3

Study Information

Test Facility Name: Lab Name/Company Name/ "[PI] Lab" Study No.: _____
 Study Director/ Contact: SD name / best person to contact PO No.: _____
 Address: Full shipping address Quote No.: _____
 Phone No.: Best number to contact you at
 Email Contact: Best email to contact you at Email Invoice to: Best email to invoice you at

Sample Details

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

Numbers of

On the line beside the sample type, fill in the number of the samples you submitted

Wet samples _____ Frozen blocks _____
 Cassettes _____ Frozen slides _____
 Paraffin blocks _____
 Paraffin slides _____

Work you expect to be done by us at Wax-It. For example, if paraffin blocks are submitted, fill in only sectioning and onwards.

Fixative Used

10 % Formalin
 4 % PFA

Time in fixative _____

Current Storage

10 % Formalin
 70 % Ethanol

Time in storage _____

Checking off these stains means 1 slide per sample to be this stain, if more than one required, record in "Special Request"

Histology Procedures

fill in how many slides per sample you will have at the end of the project

Decalcification

EDTA
 Formic Acid
 N/A

Processing Media

Paraffin
 Frozen
 Resin
 N/A

Orientation

Cross-section
 Longitudinal

Sectioning

Slides/sample _____
 Sections/slide _____
 Thickness _____ μ m
 (Paraffin standard: 5 μ m)
 (Frozen standard: 10 μ m)

Histochemical Staining

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

Region of Interest

Indicate here the region of the tissue that you are very interested.

Orientation of tissue expected to be represented on the slide.

Number of Sections expected on each slide. Usually 2-3 for smaller tissues, only 1 for larger tissue.

IHC Staining

IHC
 IF
 Protocol Development

If there is IHC work, specify here. Check off IHC and fill in details and target names under "Special Request"

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

Indicate here anything that you were not able to specify by filling out in the rest of the form.

Sample Returning (✓)

Blocks Samples Empty Cont

Return _____
 Storage (Maximum 6 months) _____
 Discard _____

Specify the preference with your blocks, remaining wet samples and empty containers.

Project turnaround time

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

Slide Analysis

Quantification
 Pathology Report

Imaging

Image Delivery
 Whole Slide Imaging
 Confocal Imaging

Choose for your images to be burned onto either a DVD or to be uploaded to our server. 20x is standard. You can also submit a USB or external hard drive.

Study Director Signature:

Signature & Date MUST be present in order to initiate the project

Date: _____

Wax-It Internal Record:

Receiver's Name: _____ Signature: _____ Date: _____ Time: _____