Wax-it HISTOLOGY SERVICES INC.

604-822-1595 - www.waxitinc.com - #202- 2386 East Mall, Vancouver, BC, V6T1Z3

IHC / IF Optimization Information Form

Sponsor Information **Form-OP-002-1 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?

Predicted positive group in study?	Predicted negative group in study?	Do you Expect:	
		Increased Expression	☐
		Decreased Expression	☐
		KO'd Expression	☐
		Unknown	☐

Project Background / Any other relevant information:

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Sponsor Signature: _____ **Date:** _____

~~Wax~~-It Internal Record:

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