

EMEA Customer Support: idxbioanalytics-europe@idexx.com

Ship Samples To:
IDEXX GmbH - IDEXX BioAnalytics
Im Moldengraben 65
D-70806 Kornwestheim
Germany

Do you require pathologist evaluation? No Yes
If yes, also complete **Anatomic Pathology Evaluation Request Form**.

Submitter Information

Submitter Name: _____ Address: _____
Study Director (If applicable): _____ Postal Code: _____
Company/Institute: _____ Country: _____
Department/Lab: _____ Phone Number: _____
Quote #: _____ E-mail: _____

Bill to Check if billing address same as submitter address.

Account Number (If known): _____ Address: _____
Company/Institute: _____ Postal Code: _____
Attention: _____ Country: _____
PO Number (Optional): _____ Phone Number: _____
E-mail: _____

Payment information is required for prompt processing of samples.

Submission Date: _____ Species: _____ Breed/Strain: _____ # Animals: _____
Study ID/Project Title: _____ Tissue Fixative: _____
Fixation Date and Time: _____

(If tissue transferred into different fixative for shipping, please note fixative type in special instructions below.)

Is this shipment a biohazard? No Yes If yes, list biohazard type: _____

Do you require return of excess tissues or blocks? No Yes

If yes, please provide details:

Special instructions: (e.g., # of sections per slide, section for PCR, etc. Attach additional pages with diagrams as needed.)

Fill out in addition to Histology Submission form ONLY if samples will be evaluated by pathologist

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Submitter Information

Submitter Name: _____ Study ID/Project Title: _____

Diagnostic Pathology Submission (includes sick, moribund, and euthanized for unexpected outcome per IACUC protocol)

Please provide the clinical history (attach additional pages if necessary): _____ Patient/Animal ID: _____

Research or Toxicological Pathology Submission

Have you consulted with a pathologist? No Yes Pathologist name: _____

If no, would you like a pathologist consult prior to slide evaluation? No Yes

What evaluation parameters are required?

Standard scoring (0-4 with 0 = no lesions, 1 = minimal, 2 = mild, 3 = moderate, 4 = marked)

Specialized scoring methods (please attach method or scientific literature describing method)

Morphometric analyses (please attach method or scientific literature describing method)
Pathologist consult recommended.

Please provide the study description (minimum information needed for evaluation includes age, sex, genetic background, time points, treatment groups, target tissue(s), and general category of therapeutic/medical device/intervention) and if an alternative format to our standard format is requested (standard format includes individual animal scored data tabulated by tissue, group scored tabulated data, and written narrative) (attach additional pages if necessary):

Digital Photography Requested No Yes

Describe photography expectations (one photo per tissue, only of select findings, annotations, etc.):

Please list your specific evaluation needs or objectives for evaluation:

IDEXX BioAnalytics Use Only

Form Has Been Reviewed: Check box if not applicable

Pathologist Signature: _____ Date: _____ Page ___ of ___