

IHC World Histology Services

3225 Corporate Court, Ellicott City, MD 21042
Tel: 443-686-9618, Fax: 443-638-0394, Email: sales@ihcworld.com

Sample Submission Form

Contact Information

Institution: _____
Address: _____
State&Zip Code: _____
Contact Name: _____
Phone: _____
Fax: _____
Email: _____

Billing Information

Institution: _____
Address: _____
State&Zip Code: _____
Contact Name: _____
Phone: _____
Fax: _____
Email: _____

Payment method is required for efficient turn-around of results.

PO#: _____
Credit Card: Visa Master Amex Credit Card #: _____
Name on Credit Card: _____ Exp. Date: _____ CSC Code: _____

Sample Information

To the best of my knowledge these samples and/or specimens do not contain any infectious agent or material which might pose a threat to human health. If this is not the case please call IHC World before sending samples.

Signed: _____ Date: _____

Ship Date: _____ Total Number of Samples Submitted: _____
Species: Human Mouse Rat Other: _____ Tissue Type: _____
Fixation: _____ Samples currently in: 70% EtOH Formalin PBS Other:

Processing Requirement: Paraffin Frozen TEM Embedding Orientation: _____

Sectioning Requirement: Thickness: 5 μ m or _____ μ m
Number of slides/sample: _____ Number of sections/slide _____

Staining Request: Unstained Slide Only H&E Special Stain:
 IHC-Enzyme Label IHC-Fluorescent Label (with certain limitation)
 TUNEL-Enzyme Label TUNEL-Fluorescent Label (with certain limitation)

Rush Service: Yes No (Extra charge will apply for Rush Order)

Digital Image: Yes No Image Analysis: Yes No Pathology Evaluation: Yes No

Note: Attach additional detailed description for your project if needed. Please include a list of all samples submitted

Client Signature: _____ Date: _____

IHC World Use Only:

Receiver's Name: _____ Receiver's Signature: _____
Receive Date: _____ Receive Time: _____
Completion Date: _____ Project Number: _____