Histology Submission Form

IDEXX **BioAnalytics**

Customer Support: 1-800-544-5205, Opt. 2
Fax: 916-372-2783
E-mail: RST@idexx.com

Ship Samples To:
2825 KOVR Drive
West Sacramento, CA 95605
or
4011 Discovery Drive
Columbia, MO 65201

Submitter Information

Submitter Name: Vijay Hegde
Study Director (If applicable):
Company/Institute: Texas Tech University
Department/Lab: Nutritional Sciences
Quote #: DH011924jc1R1 & DN011724jc1R1

Address: 1301 Akron Avenue
City/State/Zip: Lubbock, Texas 79409
Country: USA
Phone Number: 806-834-6695
E-mail: vijay.hegde@ttu.edu

Bill to ☐ Check if billing address same as submitter address.

Account Number (If known):
Company/Institute:
Attention:
PO Number (Optional): To be emailed asap once generated
Invoice Type: ☑ E-mailed ☐ Mailed

Address:
City/State/Zip:
Country:
Phone Number:
E-mail:

Payment information is required for prompt processing of samples.

Submission Date: 2/2/24 Species: Mouse Breed/Strain: C57BL/6 Transgenic # Animals: 18
Study ID/Project Title: E4orf1 as a novel anti-NAFLD agent Tissue Fixative: 10% Neutral Buffered Formalin
(If tissue transferred into different fixative for shipping, please note fixative type in special instructions below.)

STAT Service Requested: ☑ No ☐ Yes (Additional charges will apply for STAT service.)
Is this shipment a biohazard? ☑ No ☐ Yes If yes, list biohazard type:
Do you require pathologist evaluation? ☐ No ☑ Yes If yes, complete Histopathology Evaluation Request Form.

Regulatory Requirements: ☐ non-GLP ☐ GLP For GLP services, ship samples to the W. Sacramento, CA location. IDEXX must have a final, signed protocol on file for the study.

List of tissues to be processed: (Please use page 2 for entry of Animal/Sample IDs and service request.)

Inguinal white adipose tissue (iWAT)

Liver

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

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Submitter Name: Vijay Hegde Study ID/Project Title: E4orf1 as a novel anti-NAFLD agent

Specimen information can also be submitted as an attached Excel spreadsheet.

Animal ID/ Sample ID (Required)	Group ID (Opt.)	Trim/ Prosect	Embed Only	H&E Slide (List # slides)	Unstained Slide (List # slides)	Special Stain (List stain below. If IHC, list antibody details in special instructions)
Attached as excel		☐	☐			
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		☐	☐			
		☐	☐			

Samples received trimmed: ☐ No ☐ Yes ☐ N/A Inventoried by (date, time, initials): _____

Comments:

Form Has Been Reviewed: ☐ Check box if not applicable

Pathologist Signature: _____ Date: _____