



Preclinical

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### PRECLINICAL RESEARCH STUDY SUBMISSION FORM

**Client Name** \_\_\_\_\_  
**Study ID(s)** \_\_\_\_\_  
**Study Director** \_\_\_\_\_  
**Regulated**  GLP  Non-GLP

VDx Use Only	
Accession #	_____
PO#	_____

Please include Study Protocol if not already on file with VDX.

**Date Submitted** \_\_\_\_\_  
**Date Desired** \_\_\_\_\_  
**Multiple Time Points?**  Yes  No  
If yes, indicate (i.e.: 2 of 4) \_\_\_\_\_

**Primary Contact Information:**

Name \_\_\_\_\_  
Phone : \_\_\_\_\_  
Email : \_\_\_\_\_  
Address: \_\_\_\_\_

**Study Information:**

Species \_\_\_\_\_  
# of Animals \_\_\_\_\_  
# Tissues/Animal \_\_\_\_\_

<b><u>Services Requested</u></b>	<input type="checkbox"/> Histology Prep Only: <input type="checkbox"/> Embed / <input type="checkbox"/> H&E / <input type="checkbox"/> Unstained How many? _____ <input type="checkbox"/> Specials/IHC _____ <input type="checkbox"/> <b>No Additional Formalin Exposure</b> <input type="checkbox"/> Prep and Evaluation <input type="checkbox"/> Evaluation Only
<b><u>Material Submitted</u></b>	<input type="checkbox"/> Untrimmed Tissue: <input type="checkbox"/> 10% formalin <input type="checkbox"/> Other _____ <input type="checkbox"/> Trimmed Tissue/Cass: <input type="checkbox"/> 10% formalin <input type="checkbox"/> Other _____ <input type="checkbox"/> Trimmed Tissue/ Jars: <input type="checkbox"/> 10% formalin <input type="checkbox"/> Other _____ <input type="checkbox"/> Paraffin Blocks <input type="checkbox"/> Slides <input type="checkbox"/> Other _____ Storage Requirements: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerate (Do not submit frozen tissue)
<b><u>Label Specifications</u></b> Please specify if block or slide labels will differ from sample label	Sample ID: _____ Block ID: _____ Slide ID: _____
<b><u>Special Requests/Comments:</u></b>	