

PRECLINICAL RESEARCH STUDY ESTIMATE REQUEST

This form is for budgeting purposes only.

Once a cost estimate is approved, a Statement of Work is required to formally schedule your study at VDX.

Required Study Details for Cost Estimate

Study ID: _____ **Requested by:** _____ **Company Name:** _____

GLP or Non-GLP **Study Protocol?** Yes, please submit No / Not Applicable

NOTE: If a study protocol is not provided and/or an incomplete form is submitted, you will need to schedule a consultation with VDX to further clarify study-specific instructions and scope of work for your project. A 30-minute consultation to review study logistics with VDX Research Services Team technical staff is available at no charge, and any further discussion regarding protocol review/methods development is subject to additional fee at pathologist or technician hourly rates.

Study-Specific Instructions

Please complete all bold prompts if no study protocol is provided (*Submission of additional instructional documents is also accepted*)

Please check here if you are unsure of the details needed to complete the sections below and would like to schedule a consultation

Species: _____ **# of Animals:** _____

Anticipated Services Requested:

Necropsy Services: Yes, VDX pathologist(s) to attend OR No / Not applicable OR Unsure, Consult Needed

If yes, please specify: Anticipated Test Facility(s): _____ Travel required? Yes No

of Necropsy(s): _____

Date(s) of upcoming necropsy(s), if known: _____

Histology Services: Yes, continue below OR No / Not applicable OR Unsure, Consult Needed

NOTE: VDX standard tissue processing is formalin-fixed, paraffin embedded tissues sectioned and stained with H&E.

Will your study require processing of a device-tissue interface? No / Not applicable

Yes, please describe device material: _____ (*a consult may be needed to discuss further*)

Will your study require tissue trimming at VDX?

Yes, continue below OR No / Not applicable OR Unsure, Consult Needed

Tissues submitted:

of Tissues/Animal: _____

Test site tissue: _____ (describe/list tissues here)

Other/end organs: _____ (describe/list tissues here)

Slide Staining: Standard H&E OR Standard H&E & Other: _____ (describe/list stains here)

Sample Submission Dates, if known: _____ Multiple Time Points? Yes No

Pathology Evaluation: Yes, continue below OR No / Not applicable OR Unsure, Consult Needed

Gross Evaluation

Microscopic Histopathology Evaluation

Study Objectives, Goals, and Additional Information: