

WORK REQUEST FORM

SHIPPING ADDRESS: NDBbio, LLC 701 East Pratt Street, Rm 5 Baltimore, MD 21202 Phone: 410-818-0154 E-Mail: info@ndbbio.com Web: www.ndbbio.com Primary Investigator: Institution & Department:	m	DA ⁻ PRO Office	TE: DJECT #: tee Use tact Informati	Email:	<u> </u>
Contact Person:				E. a. M.	
				Dhono	
Billing Address:					
Shipping Address:					
Referral:				enefits of the referral program	
Please indicate shipping pre	ferences l		hipping Infor		ebsite.
Shipping Company (Fedex, UF	PS, etc):	☐ FedEx	UPS	☐ Other:	
Account Number: Shipping Time (Overnight, 2-day)	av. etc.):	Overnight		Other:	
Include Insurance?		□ Yes	□	If Yes, \$ Amount:	
If yes, please include value amount				·	
		Billi	ng Informatio	on	
Preferred Method of Paymen	nt	Credit Card I			
☐ Invoice ☐ Purchase Order (below) ☐ Credit Card (3.5% Processing Fee)		Credit Card Number: Expiration Date: CVV Code: Name On Card: Street Address & Zip Code:			
Accounts Payable Information	on				
Contact Person:			Email:		
PO #:			Phone:		





PI: Date of Request: Project # (Office Use):

	Project Information			
Species:	Samples Ship	ped In:		
Fixative Type and Time	Blocks Or			
	Slides On	ly? ☐ Yes		
Total Number of Samples:				
	Sectioning Information			
For IHC projects, we recommend 2 to 3 u	nstained slides per sample per antibod	/ .		
Number of Unstained Slides Per Sample:	Multiple Sections Per Slide?			
Thickness (Microns):	If Yes, Number of Sections	Per Slide:		
5 microns is standard	Bake Slides:			
	Staining Information			
Please select all of the staining needed for	or the project:			
☐ Immunohistochemistry	☐ Custom Antibody/Probe Optimizati	on		
☐ In Situ Hybridization	☐ TUNEL			
☐ Hematoxylin & Eosin (H&E)	☐ Special Stain (Masson's Trichrome	e, etc.) :		
Digita	Il Imaging & Reporting Information			
Please select all of the services needed f	or the project:			
☐ Digital Imaging	☐ Pathology Reporting	Other:		
Additional Information: -Please include specific instructions or diagram of an expectation and Pathology of interest and/or scoring instructions, include -For Digital Imaging, please specify the targetic for Digital Imaging, please specify the targetic -For Digital Imaging -For Di	Reporting, please include a brief summary uding publication references if any.			
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RUSH?

Sample Information

Please feel free to include your own document if needed.

Please note: We do not accept any samples that contain infectious materials that may be harmful to human health. Please call before sending samples if you suspect that your samples may be infectious.

	Sample ID	Stain	Sample ID	Stain
1.			21.	
2.			22.	
3.			23.	
4.			24.	
5.			25.	
6.			26.	
7.			27.	
8.			28.	
9.			29.	
10.			30.	
11.			31.	
12.			32.	
13.			33.	
14.			34.	
15.			35.	
16.			36.	
17.			37.	
18.			38.	
19.			39.	
20.			40.	

Authorization				
certify that the submitted samples do not contain any infectious agents that may be harmful to human health.				
authorize the submission of this work request and agree to pay the full amount in a timely manner.				
Signature: Date:				