Sample Submission Form *(Applied Pathology Systems)*

General Informatin

Name		
Institue/Company		
email		
If pay with approved PO, please provide Po #		
If pay with credit card, provide the credit card information	Credit card holder	
	Credit card type (Visa, Master)	
	Credit card number	
	Expiration date	
	Billing Zip Code	
	Security Code	

Sample information (For paraffin service, all samples should be fixed appropriately before shipping. If one sample is used for multiple request Catalogs, please list separately and submit with sufficient material)

Sample NO	Sample ID	Tissue/organ	Request Catalog	Note/Special Instruction
example: #1	example: APS001	example: Liver	example:S01TRCH-E	