Ship Samples To:
AML Laboratories, Inc
7200 Belair Road
Baltimore, MD 21206
Tele: (877) 219-5183/(410) 882-6444

WORK ORDER REQUEST

Customer and Shipping Information

Name of Institution: _____

Name of Principal Investigator: _____

Name of Contact Person: _____

Address: _____

_____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Billing Address

Name of Institution: _____

To the Attention Of: _____

Address: _____

_____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

I Will Be Paying By

☐ Purchase Order: _____

☐ Credit Card: _____ Expiration: _____

Return Shipping Information: ☐ UPS ☐ DHL ☐ Fed-Ex ☐ Other _____

Account Number: _____

Ship Via: ☐ Overnight ☐ 2nd Day ☐ 3 Day/Economy

Shipping Insurance: ☐ Yes ☐ No Indicate Value Amount For Insurance Purposes $ _____

Authorized by: _____ Date: _____

Please Note: AML Laboratories is not responsible for Carrier damage, errors and/or non-deliveries.

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WORK ORDER REQUEST

Embedding and Microtomy Instructions

Tissue Type: _____ Fixative: _____ Number of Microns: _____

Special Instructions: _____

Stain Information

Number of Unstained Slides: _____ ☐ Regular ☐ Plus (use for IHC)

Number of H&E Slides: _____

Please list all specimens and give specific instructions: _____

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