



WORK ORDER FORM

Please Ship Samples To:

AML Laboratories, Inc.

4405 Sartillo Road

St. Augustine, Florida 32095

Tele: (904) 484-7552 / Fax: (877) 219-5184

Customer and Shipping Information

Name of Institution: _____

Name of Principal Investigator: _____

Name of Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Accounts Payable Billing Address

Accounts Payable Address: _____

To the Attention of: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ **Accts Payable Email:** _____

Payment Method

Please Note: An additional **2.5% fee** will be automatically added to credit card payments.

Purchase Order: _____

Credit Card #: _____ Zip Code _____ Exp: _____ CVC: _____

Authorized Signer's Signature: _____

Return Shipping Information: UPS FedEx Other: _____

We do not ship via Ground or USPS

Account Number: _____

Ship Via: Overnight 2-Day 3-Day/Economy

Authorized by: _____ Date: _____

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



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Specimen Information

Tissue Type: _____

Fixative: _____

Samples Shipped In: _____

Decalcification Needed? Yes No

RUSH ORDER?
Please check below if this is
a rush job.

Slide Information

Number of Unstained Slides
per sample: _____

Number of H&E Slides
per sample: _____

Sections
per slide: _____
(if applicable)

List Each Special Stain:

of microns: _____
(5 microns is standard)

Bake Slides: Yes No

Digital Scans

of Slides to be scanned: _____ Storage/Transfer Options: Portable Hard Drive Hard Drive Provided

Recipient Email: _____

Other Instructions: _____

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

Please List All Samples

Please list all samples and, if necessary on a separate sheet, give specific instructions for embedding orientation and microtomy (*Please include diagrams or pictures to help show orientation*). Attach a spreadsheet if needed.

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