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Please contact laboratory prior to sample submission

Office use only		
CP:	SN:	
Cost (ex. GST)		

Date:	
Tissue type(s):	
Teaching or Research:	
Account code (USYD):	
PO # (External clients):	

Patient Name/ Project ID:	
Name (submitter):	
Species:	Age:
Breed:	Sex:
Supervisor:	
Organisation/Faculty/ Department:	
Email:	
Telephone:	

SCANNING DETAILS (Standard microscope slides only 25 x 75 mm)	
Number of slides to be scanned:	**For selected areas only: Please mark the area(s) to be scanned on the slide label using a non-permanent marker or provide a reference image showing the slide ID and area(s) of interest (see diagram below). Attach additional pages if required.
Requested Magnification:	
☐ 20x	
☐ 40x	
☐ 116x	
Scanning area:	
☐ Entire slide	
☐ Selected area(s) only**	
☐ I consent to anonymised digital images from this case being used for teaching and educational purposes	
Diagnosis or case information (if available):	
Any other specific instructions:	
Do you require the original slides to be returned? ☐ Yes / ☐ No	
Preferred return method: ☐ Standard post (at client's expense) / ☐ Collection from VPDS	
Return contact (if different from submitter) and Postal Address:	
Note: Original slides remain the property of the client. Return postage and packaging costs will be charged to the client unless alternative arrangements have been made. Slides not requested for return may be retained, archived, or disposed of in accordance with VPDS procedures.	

Sample ID Numbers (attach extra page/s if necessary)