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## SCOPE OF WORK

MHS #: \_\_\_\_ - \_\_\_\_

### 1. Company Contact Information

Company Name: Click or tap here to enter text.  
Address: Click or tap here to enter text.  
Principal/Study Investigator: Click or tap here to enter text.  
Phone #: Click or tap here to enter text. E-Mail: Click or tap here to enter text.

### 2. Billing/Accounts Payable Information

Accounts Payable Contact: Click or tap here to enter text.  
Phone #: Click or tap here to enter text. E-Mail: Click or tap here to enter text.  
Address (if different): Click or tap here to enter text.

### 3. Description of Services

Please provide a detailed description of the desired services for your project:  
Click or tap here to enter text.

### 4. Estimated Cost for Services

This is an estimated quotation for services based on what is provided from the scope of work. The final invoice will be generated once all specimens are shipped back to the client.

<i>Service</i>	<i>Amount</i>
Histology	
Miscellaneous – Shipping, etc.	
<b>Total Estimated Cost:</b>	

### 5. Timeline

The average turn around time for Mass Histology Service to complete your project is 4-6 weeks. Expedited projects will result in an additional fee and is only available if the current workload schedule allows for it. Note that your project will only begin once the completed and signed scope of work is provided, along with a specimen manifest and a copy of your study protocol.

Anticipated Receive Date: Click or tap here to enter text.

Anticipated Completion Date:

### 6. Signature of Approval

By signing, all parties agree to the terms and policies regarding this scope of work:

_____	Name/Title	Date
Mass Histology Service Signature	Click or tap here to enter text.	MM/DD/YYYY
_____	Name/Title	Date
Client Signature		