

Accession No. _____

COMPARATIVE PATHOLOGY LABORATORY
Research Animal Resources Center, 384 Enzyme Institute
1710 University Avenue, University of Wisconsin
Madison, WI 53726-4087

Clinical Lab 608/263-6464 • Histo Lab 608/262-0933 • FAX 608/265-2698

BIOPSY ONLY

Submission Date _____	Protocol number _____
Direct charge number required for billing: DEPT ID _____ FUND _____ PROGRAM CODE _____	
PROJECT _____ (if applicable)	Internal Work Order Number: _____ (if applicable)
Name of departmental billing officer (required) _____ Telephone _____	
Lab Animal Veterinarian _____	Investigator _____ Department _____
Contact Person _____	Dept. Address _____
Telephone _____	Email _____ FAX _____
Species _____	Animal Room No. _____
Age _____ Sex _____	ID# _____

TISSUE SAMPLES:

FIXATIVE USED: _____

TISSUES SUBMITTED: (Please explain exactly where tissues were taken from)

OF CASSETTES: _____

STAINING:

H&E: _____ **# OF UNSTAINED SLIDES:** _____ **# OF SLIDES FOR IMMUNOS:** _____

SPECIAL STAINS:

SPECIFIC SECTIONING & STAINING INSTRUCTIONS:

CHARGES: