

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

**History:**

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**Tissues Submitted (Please specify number & location of biopsies):**

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**Fixation :**

\_\_\_ 10% Buffered formalin

\_\_\_ Alcohol

\_\_\_ Other \_\_\_\_\_

**CHARGES:**