

Accession No. \_\_\_\_\_

**COMPARATIVE PATHOLOGY LABORATORY**  
**Research Animal Resources Center, 336 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**

**GENERAL INFORMATION:**

Submission Date \_\_\_\_\_ Protocol Number \_\_\_\_\_

**Direct charge number required for billing:** \_\_\_\_\_

College/Department: (CAL S, GRAD, SMPH, L&S, SVM) \_\_\_\_\_ **Lab Animal Veterinarian** \_\_\_\_\_

**LABORATORY INFORMATION:**

Investigator \_\_\_\_\_ Lab Contact Person \_\_\_\_\_ Facility Contact \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**ANIMAL INFORMATION:**

Species \_\_\_\_\_ Strain/Breed \_\_\_\_\_ Bio level \_\_\_\_\_

No. \_\_\_\_\_ Age \_\_\_\_\_ Sex : M or F ID \_\_\_\_\_ Animal Room No. \_\_\_\_\_

Specimen Submitted \_\_\_\_\_

**History:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fixation:**

\_\_\_\_ 10% Buffered formalin

\_\_\_\_ Alcohol

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

***For Internal Use Only:***

Diagnostic or Research or Intensive iLabs Number: \_\_\_\_\_

Copy Made Start time: \_\_\_\_\_ End Time: \_\_\_\_\_

Clean Up Estimate: \_\_\_\_\_ Assistant: \_\_\_\_\_ Pathologist: \_\_\_\_\_

Circumstances:

**CHARGES:**