

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

**COMPARATIVE PATHOLOGY LABORATORY**  
**Research Animal Resources and Compliance, 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 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:**

