

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: (CALS, 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 \_\_\_\_\_

Experimental procedures, biohazards, pathogens, and radioisotopes, in addition to other experimental manipulations provided to the animal, drugs, diet and/or transgene/mutation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:**