

Accession No. _____

COMPARATIVE PATHOLOGY LABORATORY
Kentucky Veterinary Diagnostic Lab,
University of Kentucky
1490 Bull Lea Rd.,
Lexington, KY 40511
Clinical Lab 859 257-6732
BIOPSY ONLY

Submission Date _____ Protocol Number _____

Direct charge numbers required for billing:

DEPT. ID # _____, FUND # _____, PROGRAM CODE # _____, PROJECT # _____ (if applicable).

Internal Work Order Number: _____ (if applicable).

Name of departmental billing officer (**required**) _____ Telephone _____

If you do not know the charge numbers, please ask your departmental billing officer.

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: