Rev. 05/26/2021

BIOPSY REQUEST FORM

Wisconsin Veterinary Diagnostic Laboratory
UNIVERSITY OF WISCONSIN–MADISON
www.wvdl.wisc.edu
E-mail: submissions@wvdl.wisc.edu

MADISON
445 Easterday Lane
Madison, WI 53706
Phone: (800) 608-8387
FAX: (608) 504-2594

BARRON
1521 E. Guy Avenue
Barron, WI 54812-0097
Phone: (800) 771-8387
FAX: (715) 449-5052

NEW ACCOUNT ❒

For Laboratory Use Only
❒ Fixed ❒ Unfixed

LABEL

* Required field

OWNER* _____
Address* _____
City* _____
State* _____ Zip _____
Premise ID _____
_____

Date samples taken* _____
Date samples shipped* _____

VETERINARIAN* _____
License No.* _____
Clinic* _____
Clinic Acct. No. _____
Address* _____
City* _____ State* _____ Zip _____
Clinic Premise ID _____
E-MAIL* _____
FAX* _____ Phone* _____

Submitting Veterinarian's Signature* _____
(Signature indicates that specimen(s) were collected by or under the supervision of the signing veterinarian.)

Animal ID / Name: _____ Species: _____ Breed: _____
Age: _____ Sex: F / FS / M / MN

Biopsy type: ☐ Incisional ☐ Excisional ☐ Other _____

Number of containers submitted: _____
Total number of specimens submitted: _____
History/Tissues/Lesion Descriptions:

(Use back if more space is needed.)

DORSAL

VENTRAL

LAB USE ONLY

No. Containers _____ Container ID _____
Spec. Container _____ _____ _____
_____ _____ _____
No. cassettes / tissues _____
Comments _____
_____
Initials _____ Date _____

WINTER SHIPMENTS: Please add isopropyl alcohol (1:10 ratio) to the formalin to prevent freezing during shipment.

FM-CL-SUB-10 SOP: ACASEREVIEW