

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* _____

Submitting Veterinarian's Signature* _____

(Signature indicates that specimen(s) were collected by or under the supervision of the signing veterinarian.)

VETERINARIAN* _____

License No.* _____

Clinic* _____

Clinic Acct. No. _____

Address* _____

City* _____ State* _____ Zip _____

Clinic Premise ID _____

E-MAIL* _____

FAX* _____ Phone* _____

Animal ID / Name: _____

Species: _____

Breed: _____

Age: _____

Sex: F / FS / M / MN

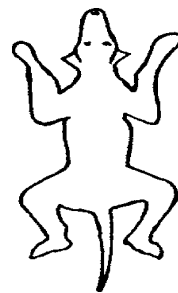
Biopsy type: Incisional Excisional

Other _____

Number of containers submitted: _____

Total number of specimens submitted: _____

History/Tissues/Lesion Descriptions:



DORSAL



VENTRAL

LAB USE ONLY

No. Containers _____ Container ID _____

Spec. Container _____

No. cassettes / tissues _____

Comments _____

Initials _____ Date _____

(Use back if more space is needed.)

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