Accession No._________________________  

COMPARATIVE PATHOLOGY LABORATORY  
Kentucky Veterinary Diagnostic Lab,  
University of Kentucky  
1490 Bull Lea Rd.,  
Lexington, KY 40511  
Clinical Lab  859 257-7674  

BIOPSY ONLY

<table>
<thead>
<tr>
<th>Submission Date</th>
<th>Protocol Number</th>
</tr>
</thead>
</table>

**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.

<table>
<thead>
<tr>
<th>Lab Animal Veterinarian</th>
<th>Investigator</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person</td>
<td>Dept. Address</td>
<td>Email</td>
</tr>
<tr>
<td>Telephone</td>
<td>FAX</td>
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<tr>
<th>Species</th>
<th>Animal Room No.</th>
<th>Age</th>
<th>Sex</th>
<th>ID#</th>
</tr>
</thead>
</table>

**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:**