

# BIOPSY REQUEST FORM



**Wisconsin Veterinary  
Diagnostic Laboratory**  
UNIVERSITY OF WISCONSIN-MADISON  
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**MADISON**  
445 Easterday Lane  
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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

<b>OWNER*</b> _____	<b>VETERINARIAN*</b> _____
Address* _____	License No.* _____
City* _____	Clinic* _____
State* _____ Zip _____	Clinic Acct. No. _____
Premise ID _____	Address* _____
	City* _____ State* _____ Zip _____
Date samples taken* _____	Clinic Premise ID _____
Date samples shipped* _____	<b>E-MAIL*</b> _____
	FAX* _____ Phone* _____
<b>Submitting Veterinarian's Signature*</b> _____	
<i>(Signature indicates that specimen(s) were collected by or under the supervision of the signing veterinarian.)</i>	

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.