

Biopsy Information

(Please Complete Form & Return with Tissue)

Date of Biopsy:		Name of Veterinarian/Phone#:	
Animal ID: (for office use only)		Client Information	
Animal Information <i>Animal Name:</i>		<i>Name:</i>	
<i>Registration #:</i> <small>(Include Copy of Registration)</small>		<i>Address:</i>	
<i>DNA Typed:</i> Yes No		<i>City, State & Zip:</i>	
<i>Species:</i>	<i>Breed:</i>	<i>Primary Phone:</i>	<i>Fax:</i>
<i>Age:</i>	<i>Sex:</i>	<i>Secondary Phone:</i>	<i>Email:</i>

Medical Condition:	Exposure to Infectious Agents? (Please List/Include Recent Health Papers)
---------------------------	--

Biopsy site(s) (e.g. ear, abdomen, leg):

Check biopsy site preparations used (success of tissue banking depends greatly upon cleanliness of sample):

<input type="checkbox"/> Shave/hair removal	<input type="checkbox"/> Alcohol
<input type="checkbox"/> Betadine	<input type="checkbox"/> Other (please list):
<input type="checkbox"/> Nolvasan	

If animal is deceased, please provide detailed information about cause of death and storage/handling conditions of body/tissue prior to biopsy. Include time of death and storage temperatures.

Will this cell line be exported outside the U.S.? _____ If yes, please list country(ies) _____

I hereby certify the above information is true and that I am the owner or have authority from the owner to collect and store tissue from the animal listed above:

Signature: _____ Date: _____

Print Name: _____

Include payment with shipment (check or credit card).
PROCESSING WILL NOT BEGIN UNTIL PAYMENT IS RECEIVED.