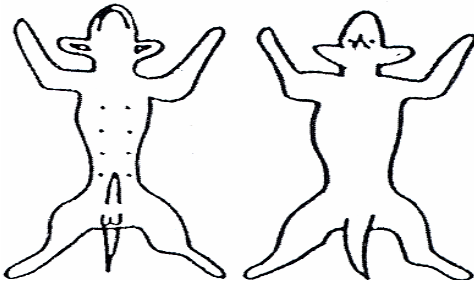


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**MAIL-IN BIOPSY
 SUBMISSION FORM**
 (Effective 07/01/2007)

Date Submitted:
 Histopathology #:
 Date Received:

Hospital:		Phone #:	
Veterinarian:		Fax #:	
Address:			
Tissue Submitted:	Owner:	Species:	Sex:
Durations of Lesion:	Rate of Growth:	Breed:	Age:
Circumscribed <input type="checkbox"/>	Infiltrative <input type="checkbox"/>	Circle Biopsy Site Shade Location of Skin Lesions 	
Additional Description of Lesion:			
Clinical Diagnosis:		VENTRAL DORSAL	
History and Clinical Signs:			

Available Services - Please check requested test(s)

- | | | | |
|--------------------------------------------------------------|---------|------------------------------------------------------------|----------|
| <input type="checkbox"/> Biopsy (Single Tissue Submission) | \$45.00 | <input type="checkbox"/> Crop Biopsies (ea.) | \$ 20.00 |
| <input type="checkbox"/> Mast Cell Tumor | | <input type="checkbox"/> Second Opinions | |
| <input type="checkbox"/> Agnor | \$25.00 | <input type="checkbox"/> Biopsy | \$ 45.00 |
| <input type="checkbox"/> CKit | \$25.00 | <input type="checkbox"/> Necropsy | \$ 50.00 |
| <input type="checkbox"/> Ki67 | \$25.00 | <input type="checkbox"/> Necropsy (Fixed Multiple Tissues) | \$ 50.00 |
| <input type="checkbox"/> Other – Immunohistochemistry Stains | \$25.00 | <input type="checkbox"/> Whole Body | \$100.00 |
| <input type="checkbox"/> Cytology | \$20.00 | <input type="checkbox"/> Electron Microscopy (per hour) | \$ 45.00 |