

LIMS # _____

Opened by _____

BIOPSY SUBMISSION FORM

Please complete all information.

Clinic stamp or patient label:

**New Bolton Center
Pathology, Murphy Lab
382 W. Street Road
Kennett Square, PA 19348-1692**

Specimen(s) submitted

Number of containers _____

Number of samples/tissues per container _____

Sample description (tissue type, gross appearance):

Submission date _____ Clinic # _____

Species _____ Breed _____ Sex _____ Age _____ Animal name _____

Owner name: _____ **Business name** _____

Street _____ City, State, Zip _____

County _____ Phone _____ FAX _____

Vet/Submitter _____ **Business name** _____

Street _____ City, State, Zip _____

County _____ Phone _____ FAX _____

History (use reverse side if necessary):

Printed name of clinician or person completing submission form

Signature of clinician