

## BIOPSY INFORMATION FORM

Please complete & return with biopsy samples

### SELECT ONE:

Genetic Preservation       Express Tissue Bank       Order #: \_\_\_\_\_  
 For lab use only

Bovine       Porcine       Ovine       Caprine       Other

Name	<input type="text"/>	Animal Name	<input type="text"/>
Street Address	<input type="text"/>	Animal Registration Name	<input type="text"/>
City, State, Zip	<input type="text"/>	Animal Registration Number	<input type="text"/>
Phone Number	<input type="text"/>	Breed	<input type="text"/>
Email Address	<input type="text"/>	Sex	<input type="text"/>
Veterinarian	<input type="text"/>	Age	<input type="text"/>
Biopsy Date	<input type="text"/>		

Health Status:    Healthy       Deceased       Other: \_\_\_\_\_

Vaccination History: \_\_\_\_\_

Anesthesia Used: \_\_\_\_\_

Sterilizing Agents: \_\_\_\_\_

### BIOPSY INFORMATION

	Tissue Type		Biopsy Site	
Biopsy - Vial 1:	Skin <input type="checkbox"/>	Other <input type="checkbox"/> _____	Ear <input type="checkbox"/>	Other <input type="checkbox"/> _____
Biopsy - Vial 2:	Skin <input type="checkbox"/>	Other <input type="checkbox"/> _____	Ear <input type="checkbox"/>	Other <input type="checkbox"/> _____
Biopsy - Vial 3:	Skin <input type="checkbox"/>	Other <input type="checkbox"/> _____	Ear <input type="checkbox"/>	Other <input type="checkbox"/> _____
Biopsy - Vial 4:	Skin <input type="checkbox"/>	Other <input type="checkbox"/> _____	Ear <input type="checkbox"/>	Other <input type="checkbox"/> _____

If animal is deceased or euthanized, provide detailed information below:

Date and Time of Death: \_\_\_\_\_

#### Storage Condition of Animal Post Mortem:

Storage Location: \_\_\_\_\_  
 Temperature: \_\_\_\_\_  
 Time Duration: \_\_\_\_\_

#### Storage Condition of Tissue Samples prior to sending to lab:

Storage Location: \_\_\_\_\_  
 Temperature: \_\_\_\_\_  
 Time Duration: \_\_\_\_\_