

COMPARATIVE MEDICINE  
VETERINARY PATHOLOGY  
REQUEST FOR SERVICES  
Internal

**\*We are unable to process your request until this form is filled in complete and submitted along with the samples**

Date Received \_\_\_\_\_ Contact Name \_\_\_\_\_

Researcher \_\_\_\_\_ Contact Phone \_\_\_\_\_

IR # / Protocol \_\_\_\_\_ Contact Email \_\_\_\_\_

Project / Budget # \_\_\_\_\_ Contact Location \_\_\_\_\_

PI Name \_\_\_\_\_

Species \_\_\_\_\_ Strain or ID # \_\_\_\_\_

F  M  Age \_\_\_\_\_

Genotype \_\_\_\_\_ Tissue/Organ \_\_\_\_\_

Any Treatments Administered

Brief description of your model/study

Fixative \_\_\_\_\_  Paraffin  Frozen Embedded

Quantity of Slides \_\_\_\_\_ **For slides and or images submitted: Please provide a list of slides (in a separate excel file in the order that they appear in the slide box)**

How would you like your pathology results?

Spreadsheet (please provide your own template via email)

Pathology Report

Do you need pictures? Yes  No

Special Instructions or Additional information:



**COMPARATIVE MEDICINE VETERINARY PATHOLOGY— REQUEST FOR SERVICES**

***(Please continue on the back and include helpful diagrams)***

**COMPARATIVE MEDICINE VETERINARY PATHOLOGY— REQUEST FOR SERVICES**  
**(Include helpful diagrams here)**

***For Shared Resource Use***

**Rodent**

<b>Charge Code</b>	<b>Description</b>	<b>Quantity</b>	<b>U of M</b>
AHP10001	Veterinary Pathology Services		Hour
AHP10002	Pathology Support		Hour
AHS10237	Veterinary Staff Time		Hour