

<b>RESEARCH SPECIMEN REQUEST &amp; SUBMISSION FORM</b>
Department of Veterinary Pathology Room 1788 & 2709 Vet Med TEL: 515-294-0957/0955 FAX: 515-294-6906
IMPORTANT: Please contact Phyllis Fisher, Laboratory Supervisor to discuss Sample submission and fees PRIOR to sample submission TEL: 515-294-0956 or EMAIL: pgfisher@iastate.edu

<b>Billing Information</b>		
Principal Investigator: _____		
Contact Person _____		
Department _____		
Email: _____	TEL: _____	FAX: _____
Authorized Signature: _____		
Fund/Account #: _____		
Research Project Title: _____		
Medical Record # (if applicable) _____		
IACUC # _____		

Note NA if Not Applicable

<b>Brief Summary of Aims/Objectives</b>

<b>Test(s) Requested/Procedures</b>

<b>Animal and/or Group Information</b>		
Species: _____	Breed: _____	
Specimens (check specimen types)	<input type="radio"/> Whole Blood, EDTA	<input type="radio"/> Whole Blood Heparin
	<input type="radio"/> Serum	<input type="radio"/> Urine
	<input type="radio"/> Tissue	<input type="radio"/> Necropsy, Other, Specify: _____
Date(s) Collected: _____		

