

EXPERIMENTAL PATHOLOGY FACILITY
(970) 297-1281
www.research.colostate.edu/epf/



Experimental
Pathology
Facility

ACCESSION STICKER

**Please fill out the following form before scheduling research sample submissions. We need to know some basic study information to better assist you in your research submissions as well as keep your staff safe.*

Primary Investigator _____

Contact Information _____

Project Name _____

H-Account (REQUIRED) _____

Species of animals in research study _____

Sample type(s): (while blood, serum, plasma, urine, etc.) _____

Zoonotic/infectious potential

Yes

No

Please explain and give any special handling needs below.

Biohazard potential

Yes

No

Please explain and give any special handling needs below.

Test(s) requested _____

Be specific ex. CBC vs. Hemogram, Fibrinogen and Retic count must be ordered separately from CBC for research samples.

Please see EPF website for sample submission form that has a list of available tests. If your requested test is not on the list please contact the EPF.

Study duration START date _____

END date _____

We will add your study dates to our research samples calendar. We understand that these dates may change and will be flexible with your needs, but please let us know should you need to adjust timing. We will do our best to have a satisfactory turn around time. If 8 or more samples will be submitted at one time – we request a 24 hour advance notice.

Send sample results to (fax or email) _____

Sent by _____

Sent on _____