

BATCH CLINICAL PATHOLOGY RESEARCH REQUEST FORM

Samples to: CSU Clinical pathology, DMC Rm. 131

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**** ALL RESEARCH SAMPLES WILL BE DISCARDED AFTER ONE YEAR ****

Study:		H-Account:	
PI:		Phone/email:	
Other Contact		Phone/email:	
Fax or email results to:			
Species:		Test(s) requested:	
Sample type(s):		Sample Condition:	
Date Collected:	Date Received:	Accessioned By:	

#	SAMPLE ID	Lab Use Comments:	#	SAMPLE ID	Lab Use Comments:
1			26		
2			27		
3			28		
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25			50		

Completion Date: _____

Completed By: _____

All batch research submissions must be recorded on Clinical Pathology Calendar Schedule. Submissions of ≥ 8 animals

submitted w/o 24 hrs advance scheduling may experience delayed processing which may affect result quality.