



EXPERIMENTAL
Pathology Facility

Contact: 970-297-1290
www.epf.colostate.edu



Research Submission Form:

Clinical Pathology **Please call ahead for batch submissions.**

Date: _____

Fund (for billing): _____

PI: _____

Contact Person: _____

Contact Phone #: _____

Contact Email: _____

Fax Results to: _____

H-ACCOUNT: _____

Species: _____

Sample Type: _____

Zoonotic? (If Y, please call) Y N

Data of Sample Collection: _____

Save remainder of sample? Y N

Sample Storage History: _____

Precautions? _____

Have you submitted a Research Study Information Form? Y N *Please note that a Research Study Information form (available on EPF website) must be submitted prior to submission of samples.*

If you would like the same test for all samples, please choose the test for the first sample and then fill in the remaining sample IDs.

| Sample ID or # | Test Requested | Lab Use Comments |
|----------------|----------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Comments or Special Requests:

LAB USE ONLY:

Test completion date: _____

Completed by: _____

Results sent to: _____

Results sent date: _____