

# VIAGEN PETS & EQUINE

## Biopsy Information Form

(Please complete & return with biopsy samples)

Service: **Genetic Preservation**

Order #: \_\_\_\_\_ For Lab Use Only

Client Name: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Animal Name: \_\_\_\_\_

Biopsy Date: \_\_\_\_\_

Species: \_\_\_\_\_

Sex: \_\_\_\_\_

Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Wt. (lbs): \_\_\_\_\_

Health Status:  Healthy  Deceased  Other: \_\_\_\_\_

Closure Method:  Skin glue  Sutures  Staples

Anesthesia Used \_\_\_\_\_

Sterilizing Agents \_\_\_\_\_

### Tissue Type

### Biopsy Site

Biopsy – Vial 1:  Skin  Other \_\_\_\_\_

Biopsy – Vial 2:  Skin  Other \_\_\_\_\_

Biopsy – Vial 3:  Skin  Other \_\_\_\_\_

Biopsy – Vial 4:  Skin  Other \_\_\_\_\_

**If animal is deceased or euthanized, provide detailed information below:**

**Date and Time of Death:** \_\_\_\_\_

**Storage Condition of Animal Post Mortem:**

**Storage Condition of Tissue Samples prior to sending to lab:**

**Storage Location:** \_\_\_\_\_

**Storage Location:** \_\_\_\_\_

**Temperature:** \_\_\_\_\_

**Temperature:** \_\_\_\_\_

**Time Duration:** \_\_\_\_\_

**Time Duration:** \_\_\_\_\_

### **For Veterinarians:**

Would you like to be a referral Veterinarian? YES  NO

If YES, please provide your preferred contact information below and you will be added to our online referral list.

Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Comments/Suggestions regarding biopsy process: \_\_\_\_\_