



Cornell University
College of Veterinary Medicine

FISH Test Submission Form

Address: Simpson Lab C2-016, Department of Clinical Sciences
Cornell University, College of Veterinary Medicine
930 Campus Road, Ithaca, NY 14853

E-mail: simpsonlab@gmail.com
Web: www.vet.cornell.edu/research/labs/simpson-laboratory
Do not send samples to the Animal Health Diagnostic Center

Test Information: Results are examined and interpreted by the Simpson Lab group of Cornell University's Veterinary Clinical Science Department. Turnaround time is dependent upon Dr. Simpson's availability. While typical turnaround time is 5-10 business days, it can sometimes take as long as 15 business days if Dr. Simpson is unavailable.

Cost of Testing: The cost of testing is **\$190.00** for the first fixed tissue and **\$50** for each additional tissue submitted at the same time. There is also a **\$50** fee for each additional probe requested. Please **submit 5** unstained sections/per tissue on **separate charged glass slides**. If formalin fixed tissue or paraffin embedded blocks are submitted, an additional **\$60** fee per tissue block will be assessed and an additional 5-10 business days will be added to the turnaround time.

PLEASE COMPLETE ALL FIELDS, PRINT LEGIBLY, AND ENTER ONLY ONE OWNER PER FORM

Submitting Laboratory* _____ Clinic Name _____ Address _____ City, State, ZIP _____ Phone No. _____ E-MAIL (REQUIRED)** _____ Submitting Vet's Signature _____	Referring Vet/Clinic _____ Address _____ City, State, Zip _____ Phone No. _____ E-MAIL _____ Owner's name _____
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Animal Identification and Submitted Tissue:

SEX CODES: M=Male, MR=Mare (equine only), MC=Castrated Male, F=Female, SF=Spayed Female
AGE CODES: Y=Years, M=Months, W=Weeks, D=Days; DOB=Date of Birth

PET'S NAME	OWNER'S LAST NAME	SPECIES	BREED	SEX	AGE/DOB
Type of tissue(s) submitted					
Slide(s) Submitted					
Brief Clinical History					
Diagnosis/Treatment					
Histopathology Report					
Specimen type	Date Taken	PAYMENT			
5 unstained charged glass slides		First Tissue: \$190	Please fill out the Credit Card Payment Authorization Slip and remit to: Cornell University Accounting Service Center Attn: Kelly Lewis 930 Campus Rd S3007 Schurman Hall Box 12 ASC Ithaca, NY 14853 E-mail: kll85@cornell.edu for billing only		
Paraffin Block		Additional: \$50/per tissue or probe _____			
Tissue (wet)		Slide Prep: \$60/tissue/paraffin block _____			
		TOTAL: _____			

The submitting veterinarian is responsible for the requested tests, fees associated with this submission, and to notify the owner of test results
 **Result format not suitable for faxing; electronic images will be provided only via email

CREDIT CARD PAYMENT AUTHORIZATION FORM FOR FISH TESTING

(Samples will not be processed without the credit card information)

Amount to be charged \$ _____

Pet's name and Client's last name _____

Cardholder's Name _____

Billing Address (Street, City, State) _____

Billing Zip Code _____

Phone Number _____

Cardholder's Signature _____

E-mail for receipt _____

Today's Date _____

Credit Card # _____

Expiration _____ (mm/yy)

Security Code _____