



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 **\$50** 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 Veterinarian* _____ Clinic Name _____ Address _____ City, State, ZIP _____ Phone No. _____ E-MAIL (REQUIRED)** _____ Submitting Vet's Signature _____		Billing _____ Address _____ City, State, Zip _____ Phone No. _____ E-MAIL _____		
Animal Identification and Submitted Tissue: <small>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</small>		Owner _____ Address _____ City, State, Zip _____ Phone No. _____		
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 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: KL85@cornell.edu for billing only
Paraffin Block		Additional: \$50/per tissue or probe _____		
Tissue (in formalin)		Slide Prep: \$50/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

Accounting Service Center (ASC)

CREDIT CARD PAYMENT AUTHORIZATION SLIP

Cornell Account # Amount _____

Cornell Account # Amount _____

Amount to be charged \$ _____

.....
Client fills out the following information.

Client Name _____
(Please print client name as it appears on your invoice)

Cardholder's Name _____
(Please print name as it appears on the credit card)

Billing Address _____
Street City State

Billing Zip Code _____
(Please print address as it appears on your credit card statement)

Phone Number _____

Cardholder's Signature _____

E-mail for receipt: _____

Today's Date _____

✂ _____

Credit Card # _____

Expires _____ (mm/yy)

Security Code _____