



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](mailto:simpsonlab@gmail.com)  
Web: [www.vet.cornell.edu/research/labs/simpson-laboratory](http://www.vet.cornell.edu/research/labs/simpson-laboratory)

**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

<b>Submitting Veterinarian*</b> _____ Clinic Name _____ Address _____ City, State, ZIP _____ Phone No. _____ <b>E-MAIL (REQUIRED)**</b> _____ Submitting Vet's Signature _____		<b>Billing</b> _____ Address _____ City, State, Zip _____ Phone No. _____ E-MAIL _____		
<b>Animal Identification and Submitted Tissue:</b> <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>		<b>Owner</b> _____ 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	<b>PAYMENT</b>		
5 Unstained slides		First Tissue: <b>\$190</b>		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: <a href="mailto:KLL@cornell.edu">KLL@cornell.edu</a> for billing only
Paraffin Block		Additional: \$50/per tissue or probe _____		
Tissue (in formalin)		Slide Prep: \$50/tissue/paraffin block _____		
<b>TOTAL:</b> _____				

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 \_\_\_\_\_