



Submission form

Originator

| | |
|---|-------|
| Institution | |
| Department | |
| Address | |
| Responsible (name, role) | |
| Phone | Email |
| Billing address <input type="radio"/> as above | |

| | |
|------|-----------|
| Date | Signature |
|------|-----------|

Animals

Mouse Rat Hamster other

| | |
|-------------------|-----------------------------|
| Number of animals | Strain/genetic modification |
| Sex | Experimental groups |
| Age | Animal ID codes |

Requested service

Necropsy Phenotyping Histopathology/IHC Microbiology

Please specify your request (e.g. reason for examination, research question including experimental procedure, clinical signs, target organs, etc.)

If available, quote # and date:

IMPORTANT: Please contact us in advance before delivering animals or samples: info@vetscope.ch or +41 79 811 21 21