

Veterinarian
Information

Name

FIRST NAME

LAST NAME

Practice Name

Address

STREET

UNIT

STREET

STATE

ZIP

Veterinarian Information

First Name		Last Name	
Practice Name		Street address line 1	
Street address line 2		City	
State	Zip code	Email Address	Phone

SAMPLE SUBMISSIONS REQUIREMENTS:

One (1) H&E stained slide, and five (5) unstained 5-micron serial sections.
Send to: Innogenics 261 Old Littlehorn Rd., Harvard MA 01451

Owner Information

Owners First Name		Owners Last Name	
Owners Address 1		Owners Address 2	
City	State	Zip code	
Owner Phone Number	Owner	Email Address	
Alt Phone Number			

Sample Submission Information

Dogs Name	Dog Breed	Dog Date of Birth	Chart Number
Tumor Location			Date of Submission

Current Diagnosis

Clinical Signs

Comments

Neutered/Spay

- Neutered Male
- Spayed Female
- Intact Male
- Intact Female

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F4*+!.+B+)5+'GHHHHHHHHHHHHHH
I,+BJ+!)/!KLG !HHHHHHHHHHHH
MNOK+!.!-D!&)+CG!HHHHHHHHHH
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Submission turnaround time is between four (4) and seven (7) day - time may vary depending on work volume. Three day expedited request may incur an additional charge. Should this be the case Innogenics will always contact you before proceeding

- Standard
- Expedited