Reset Form

UF | Veterinary Diagnostic Laboratories
UNIVERSITY of FLORIDA
2015 SW 16th Ave. Room VS-50
Gainesville, FL 32608 P: 352-294-4726
Email: diagnosticlabs@vetmed.ufl.edu
Website: http://labs.vetmed.ufl.edu

Molecular Fungal ID Lab Request Form

MOLECULAR FUNGAL ID LAB
UNIVERSITY OF FLORIDA

Patient MR#: UF only	Case #: UF D-Lab use

Clinic Name:		Owner's Name:		Patient Name/ID:
Clinician Full Name (First/Last):		Species:	Breed:	DOB/Age:
Address:		Sex: ☐ Male ☐ M-Neut ☐ Female ☐ F-Spay ☐ Unkn/Other		
City:	State:	Zip Code:	Email Address: For lab results	
Phone:	Fax:		Email Address: For invoicing, if different	

Please submit a paraffin block + 1 H&E stained slide + 1 GMS/PAS stained slide OR stained cytology slides

Tissue Submitted:					
Sample Submitted:	☐ Paraffin Block	☐ Paraffin Scrolls	☐ Formalin Fixed Add'l fees apply	☐ Fresh/Frozen Add'l fees apply	
	Quantity:	Quantity:	Quantity:	Quantity:	
Slides Submitted:	☐ H&E	☐ GMS	☐ PAS	☐ Cytology	☐ Unstained Slide Add'l fees apply
	Quantity:	Quantity:	Quantity:	Quantity:	Quantity:

History:

Histological Findings and Diagnosis:

Please contact the Molecular Fungal ID Lab with any questions. Phone: (352) 294-4193, Email: fungal-id@ufl.edu

UFVH Office Use Only

Shipping Code ☐ UCDEL ☐ LPCRW$ ☐ LPCRWA
Samples Rcvd.(tube type & quantity): _____

☐ Fresh ☐ Frozen ☐ Ambient ☐ Ice Packs ☐ Dry Ice ☐ Leaking ☐ Broken ☐ Fixative

Initials: _____ Date/Time Stamp: