# Advanced Molecular Pathology Laboratory (AMPL)
Veterinary Surgical Pathology/Necropsy Request Form

## CLIENT INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterinarian Name</td>
<td></td>
</tr>
<tr>
<td>Clinic Name</td>
<td></td>
</tr>
<tr>
<td>Clinic Address</td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Fax Number</td>
<td></td>
</tr>
</tbody>
</table>

## ANIMAL INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal Name</td>
<td></td>
</tr>
<tr>
<td>Owner Name</td>
<td></td>
</tr>
<tr>
<td>Species</td>
<td></td>
</tr>
<tr>
<td>Breed</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>□ Female □ Male □ Unknown</td>
</tr>
<tr>
<td>Neuter Status</td>
<td>□ Intact □ Neutered □ Unknown</td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
</tbody>
</table>

## SPECIMEN INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organ/site</td>
<td></td>
</tr>
<tr>
<td>Date of specimen/s collection</td>
<td></td>
</tr>
<tr>
<td>Number of specimens</td>
<td></td>
</tr>
<tr>
<td>Fixative</td>
<td>□ Formalin □ None □ Others</td>
</tr>
</tbody>
</table>

## TEST REQUEST/S (v)*

- □ Biopsy (please specify specimens and standard/priority)
  - □ Standard or Priority
  - □ Single specimen or Multiple specimens
  - □ Full margin evaluation
- □ Necropsy (please specify request)
  - □ Companion Animal
  - □ Large Animal
  - □ Exotic Animal
- □ Special Stain (please specify request below)
  - □ Immunohistochemistry (please specify request below)

*Please see fee schedule for information on pricing

## CLINICAL HISTORY (Please provide detailed information)

[Blank space for detailed information]

## ANY SPECIAL COMMENTS/REQUESTS ON CASE

[Blank space for special comments or requests]

Please pass us the hardcopy of this filled up form at the time of sample submission.

Page 1 of 2
Please send this form, along with specimen/s to:
61 Biopolis Drive,
Proteos Building Level 6
Singapore 138673

Please select the preferred option of receiving test results:
☐ Email
☐ Fax
☐ Hard-copy via mail

AMPL opening hours:
8.30am to 6pm, Monday to Thursday
8.30am to 5.30pm on Fridays

For administrative enquiries about our services, please contact:
Ms Jaremin Sock Lang CHENG
AMPL@Biopolis
61 Biopolis Drive, Proteos Building Level 6
Singapore 138673
Telephone: (65) 6586 9629
Email: AMPL@imcb.a-star.edu.sg or slcheng@imcb.a-star.edu.sg
Website: http://www.imcb.a-star.edu.sg/php/ittd-i-histo.php

---

**BIOSAFETY DECLARATION**

1. Are any of your samples of human origin?
   ☐ No
   ☐ Yes. Please indicate tissue origin:

2. Were the samples transformed with a virus?
   ☐ No
   ☐ Yes. Please indicate virus origin:

3. Were the samples transfected with a plasmid vector?
   ☐ No
   ☐ Yes. Please indicate vector/insert origin:

Please note:
- Any samples that contain the following are not allowed to be brought in/processed in IMCB: HIV, SIV, HPV, HCV, HSV, HTLV-1, HTLV-2, CMV, SARS, Avian Influenza A, Mycobacterium tuberculosis, Mycobacterium bovis, Neisseria meningitidis, Mycoplasma.
- Any sample that is radioactive or labelled with radioactive reagents is not allowed into AMPL, IMCB.

I hereby declare that all information given in Biosafety Declaration is correct and that I have not suppressed any material fact. Submission of false particulars or wilful suppression of material facts will render this service request void.

We protect the privacy and confidentiality of your information as stated in Privacy Policy which is available online at http://www.imcb.a-star.edu.sg/php/IMCB-wps.pdf. By completing and signing this document, you agree that AMPL, IMCB may collect, use, disclose your personal data that are found in documents/emails which is necessary for completion of your work scope.

Client:
(Name/Signature) ____________________________ Date: ____________________________

Please pass us the hardcopy of this filled up form at the time of sample submission.