



# Genetic Preservation Biopsy Information Form

(Please complete & return with biopsy samples)

Client Name: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Animal Name: \_\_\_\_\_

Biopsy Date: \_\_\_\_\_

Species: \_\_\_\_\_

Sex: \_\_\_\_\_

Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Wt. (lbs): \_\_\_\_\_

**Health Status:**     Healthy     Deceased     Other: \_\_\_\_\_

**Mark plane of anesthesia used (if any):**

- None
- Light Sedation
- Moderate-Heavy Sedation
- General Anesthesia

**Local Anesthesia Used:** Please avoid use of Lidocaine when possible, as it has been shown to be harmful to cells and may compromise the sample

- Bupivacaine
- Other: \_\_\_\_\_

**All Injectable/Inhalant Anesthetics Used (if any):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Skin Biopsy Site**

**Vial 1:** \_\_\_\_\_

**Vial 2:** \_\_\_\_\_

**Vial 3:** \_\_\_\_\_

**Vial 4:** \_\_\_\_\_

If animal is deceased or euthanized, provide detailed information below:

**Date and Time of Death:** \_\_\_\_\_

<p><b>Storage Condition of Body Postmortem:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Room Temperature</li> <li><input type="checkbox"/> Refrigerator</li> <li><input type="checkbox"/> Freezer</li> </ul> <p>Duration: _____</p>	<p><b>Storage Condition of Biopsies prior to sending to lab:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Room Temperature</li> <li><input type="checkbox"/> Refrigerator</li> <li><input type="checkbox"/> Freezer</li> </ul> <p>Duration: _____</p>
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**Additional Notes:** \_\_\_\_\_

For Veterinarian Use Only:

Would you like to register to be a referral Veterinarian?    YES       NO  

If YES, please provide your preferred contact information below and you will be added to our online referral list.

**Name:** \_\_\_\_\_

**Clinic Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email & Website:** \_\_\_\_\_

**Comments regarding biopsy process:** \_\_\_\_\_