

PARR

Patient Information		Clinician Information	
Last Name		Clinician Name	
First Name		Clinic Name	
File #		Address	
Species	C F	City	
Breed		State	Zip
Date or Year of Birth		Phone	Fax
Sex	M F	Clinic Email	
Castrated/Spayed		Veterinarian	
		Vet Email	

History

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Sample information

Sample type	Site	Date of Sampling	Test Requested: PARR
Biopsy in paraffin			
Aspirate			
Other			

Contact

Clinical Immunology Lab
Department of Infectious Diseases and Pathology
UF College of Veterinary Medicine
2015 SW 16th Ave.
Gainesville, FL 32608
Phone: 352-294-4155 (O), 352-294-4151 (L), 518-669-6461 (C)
Fax: 352-392-9704
Email: sahayb@ufl.edu

For Lab Use:

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