

Biopsy Kit Request Form

Doctor Information	
Name	
Phone	Fax
E-mail	

Office Address		
Street Address		
City	State	Zip Code

Contact (requestor) Name:	
Formalin:	1 Bottle <input type="checkbox"/> 2 Bottles Box(es) NOTE: Each box contains 4 formalin bottles
Other Fixatives:	Immunofluorescence (Used for lichen planus, mucous membrane pemphigoid, pemphigus vulgaris) 1 Bottle 2 Bottles
Additional Comments:	

When form is completed, please fax to: 206-543-8054