

Skin Biopsy/ Urine Sample Submission Form

Sample Type: _____ Skin Biopsy _____ Urine

Sex: M / F (circle one) Age: _____

Sample Name: _____

Date of Collection: _____

Date of Sample Submission: _____

Sample submitted by: _____

(please include your name and PI's name above)

Bill to: _____ (Department # or Fund#)

For Lab Use:

Date sample processed:

Date sample frozen , location and number of vials:

NOTES: