

## Muscle/Nerve Fax Sheet

Ship frozen biopsies Monday through Thursday only.

**This is not a test request form.** The information below is needed to track specimen submission. Use an ARUP Anatomic Pathology test request form when submitting specimens.

**Please fax this form to the Histology Laboratory PRIOR to sending muscle or nerve biopsies to facilitate tracking of specimens.**

Fax to: ARUP Laboratories  
Histology Lab  
Attn: Muscle/Frozen Area  
Phone (801) 583-278, ext. 3493  
FAX (801) 584-5244

Ship biopsy to: ARUP Laboratories  
Attn: Histology Lab  
4<sup>th</sup> Floor, Building 2  
500 Chipeta Way, mail code 341  
Salt Lake City, UT 84108

Client number: \_\_\_\_\_

**Institution:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Packaged by: \_\_\_\_\_

Date shipped: \_\_\_\_\_

**Please mark all that apply to your shipment.**

Type of biopsy: Muscle:  Nerve:

Biopsy preparation: Frozen:  Fixed:  Fresh:

Frozen/fresh biopsy packed on: Dry ice:  Wet ice:

Method of shipping: ARUP courier:  FedEx:  Other (specify) \_\_\_\_\_

Ambient Airbill #: \_\_\_\_\_

Frozen Airbill #: \_\_\_\_\_

If you have any questions, please contact the Histology Laboratory at (801) 583-2787, ext. 3493.