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
       4th 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.