

Diagnostic Laboratory  
Box 951668  
Los Angeles, CA 90095-1668  
Tel: 310-825-6848 Fax: 310-206-4967

## **BIOPSY KIT REQUEST**

### **DOCTOR'S INFORMATION**

Last Name:		
First Name:		
Street Address:		
City:	State:	Zip:
Phone:		

<input type="checkbox"/> Formalin	<input type="checkbox"/> Immunofluorescence
Number of Kits:	

***Please fax form to (310) 206-4967***