Keystone Veterinary Pathology

Submission Material Request Form

When complete, submit this form with a biopsy or send via fax (814-254-4649)

Item	Charge per item	Number requested
60 ml formalin filled jars	\$2.00	
120 ml formalin filled jars	\$2.25	
Small cardboard box	No charge	
Large cardboard box	No charge	
Small postage paid mailer	\$6.00	
Large postage paid mailer	\$7.00	

^{*} A single zip-lock submission bag with pouch for paperwork is included with each formalin filled container

Clinic Name:		
Street Address:	City and zip code:	
Date request submitted:		

PO BOX 651 • JOHNSTOWN, PA • 15907 PHONE: 814-254-4648 FAX: 814-254-4649 • info@kvpath.com • www.kvpath.com

^{*} The number of supplies requested will be limited to the those that fit in one shipping box unless otherwise specified

^{*} The cost of shipping supplies will be added to each order