



Request for Veterinary Pathology Consultation

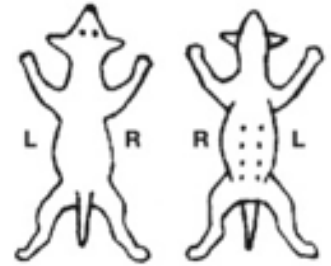
Cytopathology Surgical Pathology

Client Information	Patient Information
Clinic Name	Owner (Last, First)
ID#	Animal name
Address	Species <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Avian <input type="checkbox"/> Equine <input type="checkbox"/> Other _____
City	Breed _____ Age _____
State Zip code	Sex: <input type="checkbox"/> M <input type="checkbox"/> M/N <input type="checkbox"/> F <input type="checkbox"/> F/S
Veterinarian	Collection Date
Phone Fax	<input type="checkbox"/> Photos enclosed <input type="checkbox"/> Photos uploaded to www.labpath.com
Email	

Specimen Information

Clinical History & Physical Findings: (Symptoms; description, size, location of lesion; duration; previous biopsy, relevant treatment)

Location/Distribution.



Dorsal

Ventral

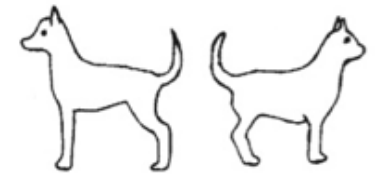
Cytopathology (Please submit separate request forms for multiple lesions)

Number of Specimens: Slides _____ Vacutainer tubes _____

Sample Type: Surgical Aspiration Tissue Imprint Discharge Scraping

Fluid/Effusion: Abdominal Thoracic Synovial CSF Pericardial

Bone Marrow: (Please attach CBC data)



Left

Right

Surgical Pathology samples submitted (Surgical margins may not be evaluated if not specifically requested)

#	Specimen Site/Location	Clinical Diagnosis	Special Requests (Stains, Immuno, etc)	Incisional or Excisional Biopsy	Evaluate Margins? Y or N