

Send Specimen Containers?  
Type Container \_\_\_\_\_  
Quantity \_\_\_\_\_

Veterinarian \_\_\_\_\_  
Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_  
Fax (\_\_\_\_) \_\_\_\_\_

Account Number	_____
Patient Accession Number	_____
Date Received	_____
Date Reported	_____
Pathologist	_____
Referring Doctor	_____
Other Patient ID	_____

Patient \_\_\_\_\_  
Owner \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_  
Fax (\_\_\_\_) \_\_\_\_\_

**Patient Information**

Number of animals in this submission \_\_\_\_\_  
Number of animals in affected group \_\_\_\_\_  
Number of sick animals \_\_\_\_\_  
Number of dead animals \_\_\_\_\_  
Vet Clinic Patient Number \_\_\_\_\_  
Animal name or Number \_\_\_\_\_  
Species \_\_\_\_\_  
Date animal died \_\_\_\_\_  
Date animal submitted \_\_\_\_\_  
Date specimen submitted \_\_\_\_\_

**Specimen(s) submitted**

**Research Submission? Yes or No**

<input type="checkbox"/> Carcass		Quantity _____
<input type="checkbox"/> Fixed Tissue Fixative: <input type="checkbox"/> 10% NBF <input type="checkbox"/> Bouin's <input type="checkbox"/> Decal Soln <input type="checkbox"/> Other		_____
<input type="checkbox"/> Fresh Tissue		_____
<input type="checkbox"/> Frozen Tissue		_____
<input type="checkbox"/> Glass Slides		_____
<input type="checkbox"/> Other		_____
Description of tissue or specimen(s) _____		

**Test(s) Requested (check all that apply)**

<input type="checkbox"/> Histopathology	<input type="checkbox"/> Microbiology	<input type="checkbox"/> Frozen Sections
<input type="checkbox"/> Cytology	<input type="checkbox"/> Parasitology	<input type="checkbox"/> Immunohistochemistry
<input type="checkbox"/> Necropsy	<input type="checkbox"/> Hematology	
<input type="checkbox"/> Other	<input type="checkbox"/> Clinical Chemistry	

Additional information about requested tests \_\_\_\_\_

Differential diagnosis \_\_\_\_\_

**Brief history including symptoms, duration of illness, therapy, dietary history, management practices, etc.:**

**Description of gross lesions including location, size, color, consistency, distribution, pattern, etc.**

(If tissue specimen, indicate the biopsy site on diagram by circle or "x.")

Previous case number (if applicable): \_\_\_\_\_  
(Continue history or description on back if necessary.)

