

(OFFICE USE ONLY)
Accession No.

MAMMALIAN BIOPSY SUBMISSION FORM

Veterinary Clinic:		Owner:	
Veterinarian		Mailing Address:	
Mailing Address:		City/State/Zip	
City/State/Zip:		Telephone No.:	
Telephone No.:		Fax No.:	
Fax No.:		Email/alternative No.:	
Email/alternative No.:			

Send Report to: Owner Veterinary Clinic Both

By: Fax US Mail Email

Have samples from this case been submitted to other diagnostic laboratories:
 Yes No

Send Bill to: Owner Veterinary Clinic

Additional report copies to: _____

Note: It is the policy of CVMDL that the party requesting services is responsible for payment.

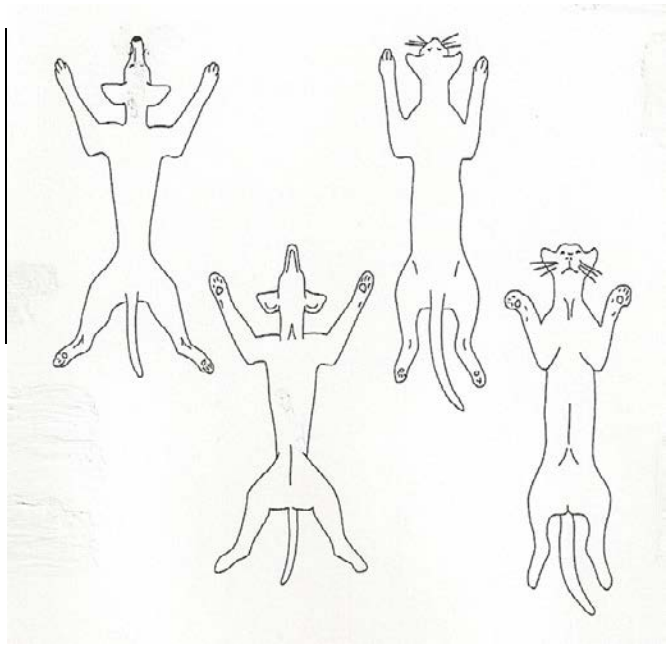
Previous Accession Number: _____

Animal Data:

Identification/Name	Species	Breed	Color	Age	Sex	Weight

Location/Distribution of Lesion

Type of Biopsy: Excisional Wedge
 Needle Endoscopic



Clinical History(signs, previous disease, recurrence, clinical lab results [attach additional sheets if necessary], treatments, etc)

Differential Diagnosis: _____

Surgical Excision: Complete Partial

Date Samples Taken: _____

Fixative Used: _____ **Fixation Date:** _____

Biopsy Data:

Location	Size/Shape	Duration	Encapsulated Yes/No	Pattern

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Previous Accession #	Pathologist in Charge:	Payment Received:	OFFICE USE ONLY: Condition When Received:
Specimen receipt		\$ [] CC [] Check #	
Date/Time:	Submitted by:	Please circle:	Initials:

