



## BIOPSY SUBMISSION

<b>Veterinary Clinic</b> _____ <b>Veterinarian</b> _____ <b>Street Address</b> _____ <b>City/State/ Zip</b> _____ <b>Telephone No.</b> _____ <b>Email Address:</b> _____ <b>Alt Email:</b> _____	<b>Owner</b> _____ <b>Street Address</b> _____ <b>City/State/ Zip</b> _____ <b>Telephone No.</b> _____ <b>Email Address</b> _____
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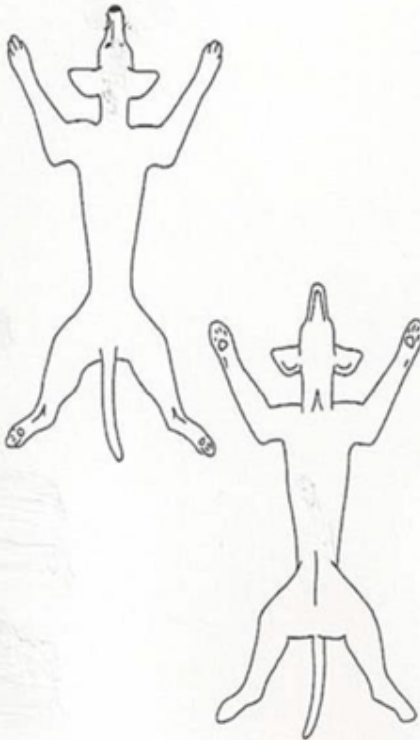
Send Report to:  Owner  Veterinary Clinic  Both  
 All Reports are sent via email **\*\*Check Junk Folder\*\***  
 Additional Reporting Method/Party(s): \_\_\_\_\_

Send Bill to:  Owner  Vet

### Animal Data

Identification/Name	Species	Breed	Sex	Age	Color	Weight

### Location/Distribution of Lesion(s)



### Type of Biopsy:

Excisional  Endoscopic  Needle  Punch  Wedge  Other: \_\_\_\_\_

Date Collected: \_\_\_\_\_ Date Fixed: \_\_\_\_\_ Fixative Used: \_\_\_\_\_  
 Location: \_\_\_\_\_ Size/Shape: \_\_\_\_\_ Duration: \_\_\_\_\_  
 Encapsulated:  Yes /  No Surgical Excision:  Complete /  Partial  
 Growth Pattern: \_\_\_\_\_  
 Differential Diagnosis: \_\_\_\_\_

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

**Clinical History:** signs, previous disease, recurrence, clinical lab results (attach additional sheets if necessary), treatments, etc.

### Biopsy Type

- Simple Biopsy (IHC not included)
  - Simple Biopsy with IHC
  - Complex Biopsy
- \*Additional fees may be added for decalcification or biopsy specimens larger than 5cm\*

Specimens and samples submitted to the CVMDL for investigation\* become the property of the CVMDL. Samples and specimens may be tested as part of State/Federal surveillance programs. Test results may be shared with relevant Local, State, or Federal agencies as required by law. Anonymized samples, specimens, and test results may be used in the teaching of students, in professional publications, or the development of new assays. \*Excludes tissues or clinical samples submitted by PIs as part of their research.

<b>Office Use</b> Received Date/Time/Staff Initials: _____ Payment received: \$ _____ <input type="checkbox"/> CC <input type="checkbox"/> Check (# _____)	Pathologist in charge: _____ Condition Received: _____ Submitted by: <input type="checkbox"/> Owner <input type="checkbox"/> Veterinarian <input type="checkbox"/> Fixed <input type="checkbox"/> Other: _____ <input type="checkbox"/> Courier, Specify _____ <input type="checkbox"/> wi
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