



Accession No. _____
Invoice No.: _____

PLEASE USE THIS FORM FOR SURGICAL PATHOLOGY SUBMISSIONS

Veterinarian's Phone No.: _____ Fax #: _____
Date Shipped: _____ Date Received: _____
Veterinarian: _____ Owner: _____
Clinic Name: _____ Address: _____
Address: _____ City: _____
City: _____ State: _____ Zip: _____
State: _____ Zip: _____

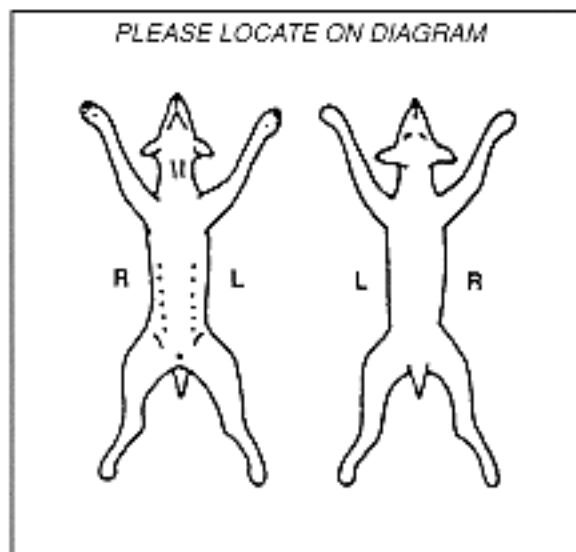
HISTO:

Tumor: _____
Site _____
Blks/Tiss.: _____
AS

Species: _____ Breed: _____ Age: _____ Sex: _____
Specimen: _____ Animal ID: _____ Previous Case No.: _____

NEOPLASMS:

Location: _____
Description: _____
Growth Pattern and Rate: _____
Duration: _____



DERMATITIS CASES:

Distribution (locate on drawing) Duration of Problem: _____ Pruritic _____ Non-Pruritic _____
Clinical Signs: _____
Treatment and Response: _____

LAB COMMENTS: (for laboratory use only) _____

