

For Office Use Only	Date		Account		Lab No	
	PMT	INV CC CSH MO CHQ	#		\$	
SHP	PU FE PL RC SN NO Other	SMPL	BL SW FC FL SST TS HR UR Other			

PATHOLOGY SUBMISSION FORM

Clinic: _____ Dr. _____
Address: _____
City: _____ State/Prov.: _____ ZIP/P.Code _____
Report by: Phone: _____ Fax: _____
E-mail: _____

NOTES/COMMENTS/REQUESTS:

PATIENT:

Owner: _____ Animal's ID: _____
Species: ☐ Canine ☐ Feline ☐ Other: _____ Sex: ☐ Male ☐ Female ☐ Neutered/Spayed
Breed: _____ Age: _____ yy _____ mm
Date Samples Collected: _____ / _____ / _____ Time Collected: _____ : _____ am/pm

Requested Test: ☐ **HIST1 - Histopathology** ☐ **CYT - Cytology**

SPECIMENS INFORMATION

Types of Samples Submitted:

- ☐ Fresh Tissue(s) (Qty: _____)
☐ Formalin-Fixed Tissue(s) (Qty: _____)
☐ Aspirate (Qty: _____)
☐ Impression Smear (Qty: _____)
☐ Scraping (Qty: _____)
☐ Fluid / Effusion (Qty: _____)
☐ Other: _____ (Qty: _____)

IF MULTIPLE SITES ARE SAMPLED, PLEASE CLEARLY IDENTIFY SOURCE ON EACH SLIDE

CLINICAL DESCRIPTION

- Location / Source of Material: _____
- Size and shape: _____
- Color, texture, and presence of capsule: _____
- Growth pattern (*expansion, invasion, pedunculation, etc.*) _____
- Duration _____ Rate of Growth _____
- Evidence of hemorrhage, necrosis, or surruration _____
- History of recurrence _____
- Additional Information (including treatment and suspected disease):

Indicate skin lesion site on the drawing

