



BIOPSY SUBMISSION

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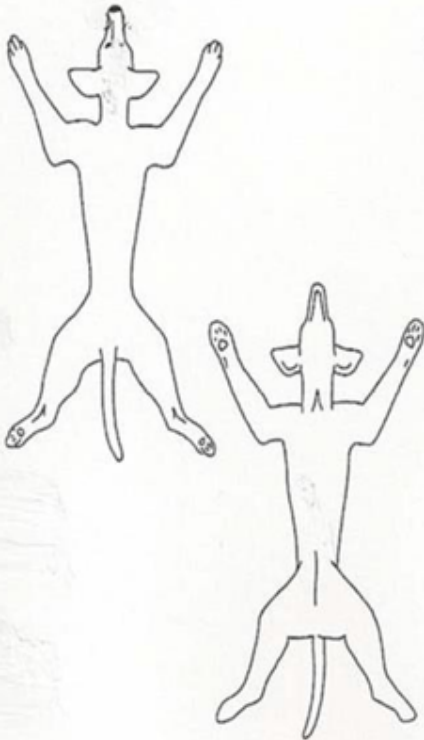
Send Report to: Owner Veterinary Clinic Both
 All Reports are sent via email ****Check Junk Folder****
 Additional Reporting Method/Party(s): _____

Send Bill to: Owner Vet

Animal Data

| Identification/Name | Species | Breed | Sex | Age | Color | Weight |
|---------------------|---------|-------|-----|-----|-------|--------|
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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.

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| Office Use 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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