



REFERRING VETERINARIAN INFORMATION	OWNER INFORMATION
Veterinarian: _____	Animal Name: _____
Hospital Name: _____	Owner First Name: _____ Last Name: _____
Address: _____	Species: Can Fel Eq Bov Camelid Cap Ovine Other: _____
City/State/Zip: _____	Breed: _____
Phone: _____ Fax: _____	Age: _____ Sex: F SF M CM

**Histology Sample Submission Form**

<b>COLLECTION DATE &amp; TIME:</b>	<b>Lab Case No.</b> (Lab use only)
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**History**

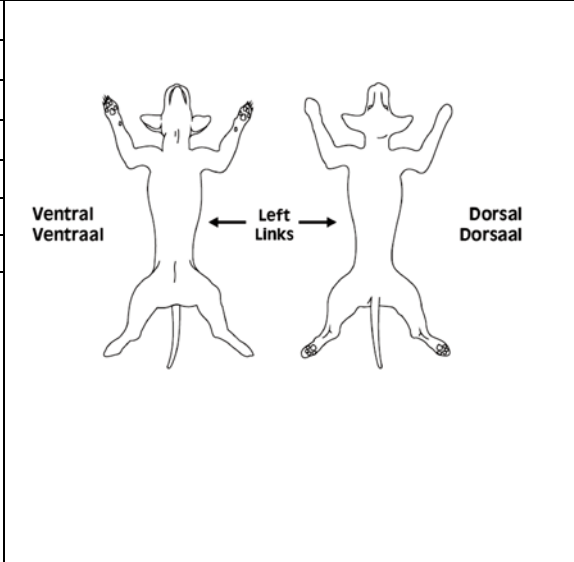
Check box to make laboratory results unavailable to VMCVM Clinician(s) upon patient's referral and/or consult.

Previous Histology and/or Cytology Submissions:	(Include date and case number, if possible)
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**Samples/Sites Submitted**

Please provide site of biopsy and gross description of lesions (include location, size, color, consistency; if skin or subcutaneous lesions, fill in the diagram to indicate the extent, use "X" to mark biopsy sites. Number sites for multiple site submission, add additional sites as needed):

Site 1:	<input type="checkbox"/> check margins
Site 2:	<input type="checkbox"/> check margins
Site 3:	<input type="checkbox"/> check margins



Histology Field Necropsy: list all tissues submitted:

**Immunohistochemistry Staining Request**

IHC staining available at additional cost. Please contact laboratory staff for complete IHC testing menu and pricing at 540-231-5276