

## VIRGINIA TECH ANIMAL LABORATORY SERVICES



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## **HISTOLOGY SUBMISSION FORM**

REFER	MATION	OWNER INFORMATION									
Veterinarian: Hospital		Animal	Animal Name:								
Name:		Owner F	Owner First Name:			Last Name:					
Address:		Species:	Species: Canine			Equine		Bovine Camelid			
City/State/Zip:				Caprine	Ovine	Other:					
Email:		Bree	d:			_					
Phone:	Fax:	Age/DO	B:				F	SF	М	CM	
		Histo	rv								
☐ Check box to i	make laboratory results unavaila	ble to VMCVM Clinician(s) upon p	atie	nt's referral and	l/or consult.						
S	ample Collection Date/Time:										
Previous H	Histology Submissions:	(Include date and case number, if	poss	ible)							

HISTOLOGY										
LAB USE ONLY					IF SKIN OR SUBCUTANEOUS LESIONS, FILL DIAGRAM TO					
CASE#:			FOR FIELD NECROPSY, LIST ALL TISSUES SUBMITTED			INDICATE EXTENT, IF DESIRED. USE "X" TO MARK BIOPSY SITES.  PROVIDE SITE NUMBER FOR MULTIPLE SITE SUBMISSIONS				
SITE#	SITE # Description (location size color, consistency)		SITE #	Description (location size color, consistency)	SITE#	DESCRIPTION (LOCATION SIZE COLOR, CONSISTENCY)				
1	<b>1</b> ☐ Margin Evaluation		5	☐ Margin Evaluation	9	☐ MARGIN EVALUATION	13-21			
2		☐ Margin Evaluation	6	☐ Margin Evaluation	10	☐ MARGIN EVALUATION	Ventral Ventraal ← Left → Dorsal Dorsaal			
3		☐ Margin Evaluation	7	☐ Margin Evaluation	ADDITIO AREA	NAL SITE/FIELD NECROPSY TISSUE LIST				
4		☐ Margin Evaluation	8	☐ Margin Evaluation						