


CASE No.										Doctor									
SPECIMEN DATE					OWNER NAME (Last)										SPECIES (Circle one) CANINE FELINE EQUINE FERRET BOVINE OTHER: _____ PRIMATE SPECIES: _____				
mo	day	yr	hr	Pet Name															

SEX		BREED		AGE		Pathology Form									
M.	F.	N.	SF.												

Location	Histopathology	Cytology	Immunohistochemistry
<input type="checkbox"/> VENTRAL <input type="checkbox"/> DORSAL 	<input type="checkbox"/> 8200 Biopsy (1-2 Tissues) <input type="checkbox"/> 8210 Biopsy 3 Tissues <input type="checkbox"/> 8220 Biopsy 4 Tissues <input type="checkbox"/> 8230 Biopsy 5 Tissues <input type="checkbox"/> 8201 Biopsy Special Tissues (1-2 Tissues) Dermatologist, bone, toe, mandibular, etc. <input type="checkbox"/> 8203 Biopsy Special Tissue (3 Tissues) Dermatologist, bone, toe, mandibular, etc. <input type="checkbox"/> 8204 Biopsy Special Tissue (4 Tissues) Dermatologist, bone, toe, mandibular, etc. <input type="checkbox"/> 8205 Biopsy Special Tissue (5 Tissues) Dermatologist, bone, toe, mandibular, etc. <input type="checkbox"/> 8209 Full Eye (Globe) Biopsy	<input type="checkbox"/> 8100 Cytology (1 site) <input type="checkbox"/> 8101 Cytology 2 sites <input type="checkbox"/> 8105 Cytology 3 sites <input type="checkbox"/> 8109 Cytology 4 sites <input type="checkbox"/> 8120 Bone Marrow Cytology (2 slides with bone marrow aspiration, do not fix. Must send regular CBC as well) <input type="checkbox"/> 8170 CSF Analysis with Cytology <input type="checkbox"/> 8150 Fluid Analysis <input type="checkbox"/> 8152 Fluid Analysis with Cytology <input type="checkbox"/> 8160 Semen Analysis <input type="checkbox"/> 8000 Path Review of CBC	<input type="checkbox"/> 8236 Immunohistochemistry stain 1 marker <input type="checkbox"/> 8237 Immunohistochemistry stain 2 markers <input type="checkbox"/> 8238 Immunohistochemistry stain 3 markers <input type="checkbox"/> 8239 Immunohistochemistry stain 4 markers <input type="checkbox"/> 8241 Immunohistochemistry stain 5 markers
Type of Biopsy		Necropsy Service	
<input type="checkbox"/> Exci-sional <input type="checkbox"/> Needle <input type="checkbox"/> Inci-sional <input type="checkbox"/> Endo-scopic <input type="checkbox"/> Surgical margins Indicated Items Submitted # of containers. _____ # of specimens. _____ # of sites sampled. _____	Special Stains		<input type="checkbox"/> 8257 Necropsy Plus (Full body) Call Lab <input type="checkbox"/> 8258 Necropsy (Full Body) Call Lab
For Laboratory use			
		Biopsy Jar (s) _____ Wet Tissue _____ FNA _____ Slide (s) _____ Fluid (s) _____ Syringe _____ Other _____	

Clinical History :

Source _____ Previous Biopsy or Cytology accn # _____