

Easter Bush Pathology

HISTOLOGY REQUEST FORM

Vet Practice & Clinician							Charge to		
Sampling date/time				Previous lab no.s					
Animal's name + I.D. number, if available				Owner's name					
Species			Breed			Sex		D.O.B.	
Clinical histocomplaint, complaint, complaint, confidences, additional findings/and results, etc.	luration of tional cillary test								
Drugs given									
Lesion desc (location, siz developmen	ze, rate of						R		L R
Clinical diagnosis (list of differentials)			Laboratory n	otes (fo	r lab use only)				