



## Histopathology Request Form

<b>Veterinary Practice</b> (address and phone number)		<b>Date of submission</b>	
		<b>Clinician</b>	
<b>E-mail</b> (for sending report)			
<b>Sampling date/time</b>		<b>Method of Sampling</b> (e.g., incisional or excisional)	
<b>Previous lab requests</b> Inc. lab request number, number of blocks, numbers of slides etc.			
<b>Animal's name</b> + I.D. number, if available		<b>Owner's name</b>	
<b>Species</b>	<b>Breed</b>	<b>Sex</b>	<b>D.O.B.</b>
<b>Clinical history</b> (primary complaint, duration of illness, additional findings, ancillary test results, treatments administered etc.)			
<b>Lesion description</b> (location, size, rate of development, etc.)			
<b>Working diagnoses/list of differentials:</b>		<b>Laboratory notes (for lab use only):</b>	