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HISTOPATHOLOGY REQUEST FORM

Instantiologi Regulation	
VETERINARY SURGEON DETAILS	ANIMAL DETAILS
Submitting vet name:	Animal name/ID:
Vet practice name & address:	Owner surname:
	Hospital No:
Postcode:	Age or D.O.B.:
Tel:	Sex: Neutered: YES / NO
Fax:	Species:
Results email:	Breed:
Date & time sampled:	Date submitted:
CLINICAL SIGNS & HISTORY - including treatment at time of sampling and reason for sampling	
OAMBLEO	
SAMPLES No. System Tissue Mass? Incisional,	/Excisional? Further details
NO. System rissue wass: incisional,	ACCISIONAL: Full their decails
SPECIAL REQUESTS e.g. special stains, immunohistochemistry	
Tissues and organs will be used and retained by the University of Glasgow for histopathological and ancillary examinations pertinent to this case, and ethically approved research, test development and teaching.	
If the client indicates that they would prefer residual samples not to be used for ethically approved research and test development, please tick this box.	