



<i>Lab use only</i>	Date received
VDS vet ref no:	F / E

HISTOPATHOLOGY REQUEST FORM

VETERINARY SURGEON DETAILS

Submitting vet name:
 Vet practice name & address:
 Postcode:
 Tel:
 Fax:
 Results email:

ANIMAL DETAILS

Animal name/ID:
 Owner surname:
 Hospital No:
 Age or D.O.B.:
 Sex: Neutered: **YES / NO**
 Species:
 Breed:

Date & time sampled:

Date submitted:

CLINICAL SIGNS & HISTORY - including treatment at time of sampling and reason for sampling

SAMPLES

No.	System	Tissue	Mass?	Incisional/Excisional?	Further details

SPECIAL REQUESTS e.g. special stains, immunohistochemistry

Residual samples may be used for approved research, test development and teaching.
 If the client indicates that they would prefer residual samples not to be used in this manner, please tick this box.