

## HISTOPATHOLOGY REQUEST FORM

### VETERINARY SURGEON DETAILS

Submitting vet name:

Vet practice name & address:

Postcode:

Tel:

Fax:

Results email:

Date & time sampled:

### ANIMAL DETAILS

Animal name/ID:

Owner surname:

Hospital No:

Age or D.O.B.:

Sex:

Neutered:

YES / NO

Species:

Breed:

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

*Tissues and organs will be used and retained by the University of Glasgow for histopathological and ancillary examinations pertinent to this case, and 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.