

HISTOPATHOLOGY REQUEST FORM

VETERINARY SURGEON DETAILS

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

ANIMAL DETAILS

Animal name/ID:
 Owner name:
 Age/DOB:
 Sex: Neutered: **YES / NO**
 Species: Breed:
 Colour: Hospital No:

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