UW Veterinary Care
University of Wisconsin-Madison
VETERINARY MEDICAL TEACHING HOSPITAL

Surgical Pathology Contact Information:
uwvc-path-inquiry@vetmed.wisc.edu

University of Wisconsin-Madison
School of Veterinary Medicine
Veterinary Medical Teaching Hospital
2015 Linden Drive
Madison, WI 53706

SURGICAL PATHOLOGY REQUEST

MAIL TO ABOVE ADDRESS, ATTN: CLINICAL PATHOLOGY LABORATORY

DATE:

REFERRING VETERINARIAN

Name: _____
(last) (first)

Clinic phone#: _____

Clinic Name: _____

Fax#: _____

Address: _____

City, State, Zip: _____

Cell phone, pager, or other contact: _____

Email: _____

Your e-mail address is only used by the pathologist for rapid contact regarding pending results. It is not shared with anyone.

OWNER AND PATIENT INFORMATION

Owner: _____
(last) (first)

Patient name: _____ Species: _____

Breed: _____ Sex: ☐ F ☐ FS ☐ M ☐ MC Age/Birth date: _____

Is this animal a current or past UWVC patient?

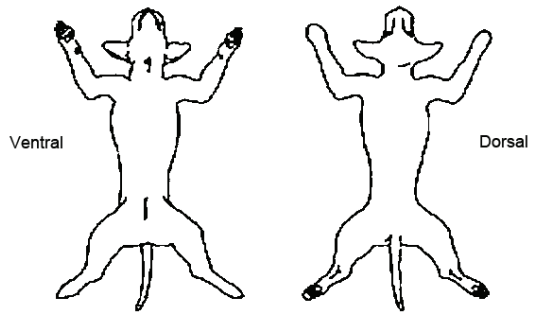
If yes, current or past UWVC clinician or service?

If previous biopsies have been performed,
provide UWVC biopsy number(s) or attach previous report:

SUBMISSION INFORMATION

Pertinent clinical history (previous disease, physical exam findings, lab work, etc.) (print and continue on back if needed):

Anatomic location of lesion:



Tissue submitted:

Print Form