



## 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.*

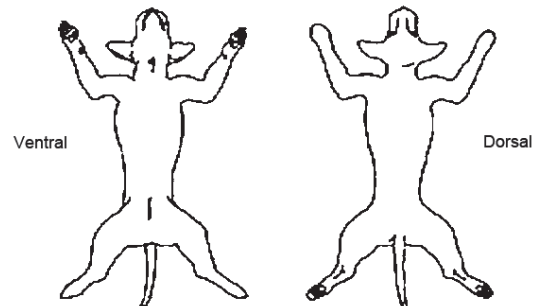
### OWNER AND PATIENT INFORMATION

Owner: \_\_\_\_\_  
(last) (first)  
Patient name: \_\_\_\_\_ Species: \_\_\_\_\_  
Breed: \_\_\_\_\_ Sex: ☐ F ☐ FS ☐ M ☐ MC 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