

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 608-263-7600

Print Form

SURGICAL PATHOLOGY REQUEST

	ETERINARIAN								
Name:									
	(last)	(f	irst)				Clinic phone	#:	
Clinic Name:							Fax#:		
Address:							City, State, Z	ip:	
Cell phone, p	pager, or other co	ontact:							
Email:									
You	r e-mail address is o	only used by the	pathologist for	rapid con	tact regardi	ng pendir	ng results. It is n	ot shared with anyo	one.
OWNER AND	PATIENT INFORI	MATION							
Owner:									
(last)		(first)							
Patient name:					Specie	s:			
Breed:			Se	x:	FS	M	□ МС	Birth date:	
ls this animal ર	a current or past U	WVC patient?							
If yes, current	or past UWVC clin	ician or service?	,						
	opsies have been p C biopsy number(s		ous report:						
SUBMISSION	INFORMATION								
Pertinent cli	nical history (pre	vious disease,	physical exa	m findin	gs, lab woi	k, etc.) (print and cor	ntinue on back if r	needed):
Anatomic lo	ocation of lesion.								
Anatomic lo	ocation of lesion:					.		0 20	0
Anatomic lo	ocation of lesion:					Rec		15-2]
Anatomic lo	ocation of lesion:					Par C	field.	15-2	J
Anatomic lo	ocation of lesion:				Ve	ntral		152	Dorsal
Anatomic lo	ocation of lesion:				Ve	ntral		15-2	Dorsal
Anatomic lo	ocation of lesion:				Vei	ntral		5-2	Dorsal
Anatomic lo	ocation of lesion:				Ve	ntral		15-2	Dorsal