

DATE:	 Veterinary Diagnostic Laboratories		
UFVH MR #:	Send-In Surgical Pathology Request Form 2015 SW 16th Ave. Room VS-50 Gainesville, FL 32610 Phone: 352-294-4726 Fax: 352-392-1769 http://labs.vetmed.ufl.edu diagnosticlabs@vetmed.ufl.edu		
Owner's Name:	2015 SW 16th Ave. Room VS-50 Gainesville, FL 32610 Phone: 352-294-4726 Fax: 352-392-1769 http://labs.vetmed.ufl.edu diagnosticlabs@vetmed.ufl.edu		
Address:	<small>For UFVH office use only</small> Case #: S _____ - _____		
City/State/Zip:	Clinician to contact for more information:		
Owner's Phone:	Clinician Phone Number:		
Patient's Name:	Clinic Name:		
Species:	Address:		
Breed:	City:		
Sex:	State:	ZIP:	
Color:	Fax:		
DOB/Age:	E-mail:		
Zoonotic Disease(s) Suspect? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which?		
Microbiology Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Margins inked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has tissue from this animal been submitted to UF Anatomic Pathology previously? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the accession number? _____-_____		
Container #1			
Container #2			
Container #3			
Container #4			
Container #5			
Container #6			
Samples submitted in: <input type="checkbox"/> 10% neutral buffered formalin <input type="checkbox"/> Bouin's <input type="checkbox"/> Davidson's / Ethanol <input type="checkbox"/> Nothing (fresh/frozen)			
CLINICAL SUMMARY (Include clinical signs, duration of illness, laboratory data, medications, and other pertinent information.) THIS SUMMARY WILL BE PRINTED VERBATIM ON THE REPORT. Use another page if needed.			
CLINICAL DIAGNOSIS:			
Special Requests: <input type="checkbox"/> Check here to authorize up to \$60 in additional testing if needed for diagnostic purposes.	_____ Signature of Attending Veterinarian		PRINT Last Name
(UFVH use only) Initials: _____ Ship Code _____ Invoice Item Code: _____ Total Samples: _____			
Condition of Sample: _____ Leaking _____ Damaged _____ Date/Time Stamp: _____ Other: _____			