

BIOPSY SUBMISSION FORM

Patient Name:	_____	Hospital Name:	_____
Patient ID:	_____	Hospital Address:	_____
Owner Name:	_____		_____
Species:	☐ Can ☐ Fel ☐ Other _____	Phone Number:	_____
Breed:	_____	Veterinarian: (Full Name)	_____
Date of Birth:	_____	Results Email/Fax #:	_____
Sex:	☐ F ☐ FS ☐ M ☐ MC	Billing Email:	_____

HISTORY (Clinical signs, lab data, radiographs, description of lesions, treatment, etc.).

TENTATIVE CLINICAL DIAGNOSIS: _____

Sample Site(s):	# of Samples:	Biopsy Type:
1. _____	_____	☐ Biopsy ☐ LN involved ☐ Check margins ☐ Derm Path
2. _____	_____	☐ Biopsy ☐ LN involved ☐ Check margins ☐ Derm Path
3. _____	_____	☐ Biopsy ☐ LN involved ☐ Check margins ☐ Derm Path
4. _____	_____	☐ Biopsy ☐ LN involved ☐ Check margins ☐ Derm Path
5. _____	_____	☐ Biopsy ☐ LN involved ☐ Check margins ☐ Derm Path

Biopsy Types: Excisional (Ex), Incisional (I), Wedge (W), Tru-cut (TC), Punch (P), Frags (F), Endoscopic (E), Trephine (T), Full-thickness (FT)

Is this patient deceased? ☐ No ☐ Yes

Previous testing at PennVet? Please provide case numbers: _____

For Laboratory Use Only

_____ Biopsy - 1st site	_____ Eye - 1st	_____ Second opinion
_____ Biopsy - additional	_____ Eye - 2nd	_____ Duplicate slide request
_____ Derm punch (1-2)	_____ Limb amp	_____ Professional Discount
_____ Derm (each addnl.)	_____ Brain/cord	_____ Prof. interest - 1 site
_____ Liver primary	_____ Spleen (whole)	_____ Prof. interest - addn'l
_____ Liver add on	_____ Decalcification	_____ Extended margins