

For lab use only:  
JW \_\_\_\_-\_\_\_\_

Containers received: \_\_\_\_  
Cassettes used: \_\_\_\_



## DERMATOPATHOLOGY REQUEST FORM

[www.specialtyvetpath.com](http://www.specialtyvetpath.com)

PH: 206-453-5691

FAX: 206-453-3309

Jennifer G. Ward, DVM, DACVP

Pamela E. Ginn, DVM, DACVP

Date sample(s) taken: \_\_\_\_\_ Owner's name: \_\_\_\_\_  
Clinic: \_\_\_\_\_ Animal's name: \_\_\_\_\_  
Clinician: \_\_\_\_\_ Species: \_\_\_\_\_ Sex \_\_\_\_\_  
Address: \_\_\_\_\_ Breed/color: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_ Age or DOB: \_\_\_\_\_  
Ph/Fax: \_\_\_\_\_ Previous submissions: \_\_\_\_\_  
Email: \_\_\_\_\_ Clinical diagnosis: \_\_\_\_\_

How would you like to receive results? Fax  Email  Both

Photos can be sent electronically to: [info@specialtyvetpath.com](mailto:info@specialtyvetpath.com)

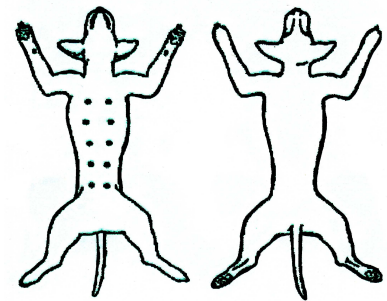
Has tissue from this animal been submitted previously?

No  Yes - Case # \_\_\_\_\_

Biopsy 1: \_\_\_\_\_ Biopsy 2: \_\_\_\_\_

Biopsy 3: \_\_\_\_\_ Biopsy 4: \_\_\_\_\_

Biopsy 5: \_\_\_\_\_ Biopsy 6: \_\_\_\_\_



VENTRAL

DORSAL

Clinical history (include gross description of lesions & results of relevant diagnostic testing):

**Ship samples to:**  
SpecialtyVETPATH  
14810 15<sup>th</sup> Avenue NE  
Shoreline, WA 98155  
206-453-5691