

For lab use only:

Containers received: ____
Cassettes used: ____



SURGICAL PATHOLOGY REQUEST FORM

www.specialtyvetpath.com
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Jennifer G. Ward, DVM, DACVP
Pamela E. Ginn, DVM, DACVP

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

How would you like to receive results? Fax Email Both

Specimen description: _____

Number of containers: _____ Number of specimens: _____ Number of sites: _____

Sample types: Incisional Excisional Endoscopy Needle

Clinical History: