

2407 RIVER DRIVE
ROOM A201
KNOXVILLE, TN 37996-4542

UNIVERSITY OF TENNESSEE
COLLEGE OF VETERINARY MEDICINE
DEPARTMENT OF PATHOBIOLOGY

LAB USE ONLY
PATH #
DATE

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CVManatomicPATH@UTK.EDU

REFERRAL BIOPSY REQUEST

Please check here if additional request forms are needed ___
Please Provide All Information

VETERINARIAN:

CLINIC NAME:
ADDRESS:

PHONE:

FAX:

E-MAIL:

ANIMAL NAME: _____

SPECIES: _____ BREED: _____

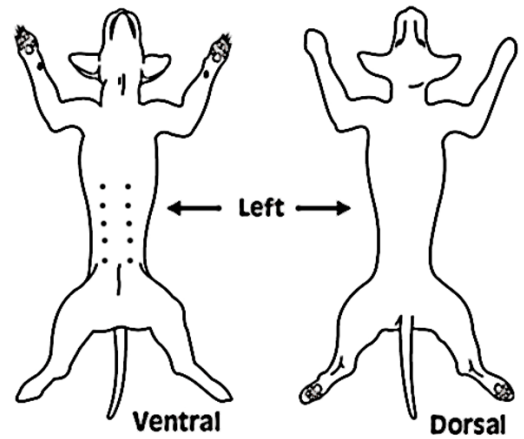
AGE: _____ SEX: _____

OWNER'S NAME: _____

Date Tissue Removed: _____ Indicate Location on Diagram

Tissue(s) Submitted: _____

Lesion Size/Appearance:



Evaluate margins: YES NO Previous biopsy: YES NO
Entire sample with intact margins required for margin evaluation

Previous UT Pathology Accession # _____

Previous Diagnosis:

Clinical signs: *(Please include history, clinical signs, relevant test results and treatments)*

Clinical Diagnosis and/or Comments:

I hereby authorize the report from this specimen to be placed in the UT CVM Veterinary Teaching Hospital patient record for the above named animal. The results may be used for future patient care provided at the UT CVM VTH.

Signature of Veterinarian

Date