

2407 RIVER DRIVE
ROOM A201
KNOXVILLE, TN 37996-4542
PHONE: (865) 974-5673
FAX: (865) 974-5616

UNIVERSITY OF TENNESSEE
COLLEGE OF VETERINARY MEDICINE
DEPARTMENT OF PATHOBIOLOGY

LAB USE ONLY

PATH # _____

DATE _____

REFERRAL BIOPSY REQUEST

Please check here if additional request forms are needed

Please Provide ALL Information

REFERRING VETERINARIAN: _____

CLINIC NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

E-MAIL: _____

ANIMAL NAME: _____

SPECIES: _____ BREED: _____

AGE: _____ SEX: _____

OWNER'S NAME: _____

Date tissue removed: _____ Tissue Submitted _____

Site of Lesion: _____

Lesion Size/Appearance: _____

Rate of Development: _____

Indication of Recurrence or Metastasis: _____

Evaluate margins YES NO Previous biopsy: YES NO Previous UT Pathology Accession # _____

Previous Diagnosis: _____

Clinical signs: *(Problem assessment: Please include history, clinical signs and treatment)* _____

Pertinent Laboratory Results: _____

Clinical Diagnosis and/or Comments: _____

Signature of Referring Veterinarian _____

CHARGES: (FOR LAB USE ONLY):

Routine # _____
Additional Slides # _____
Special Stains # _____

Decal # _____
Slide consult # _____
Bottle Necropsy # _____

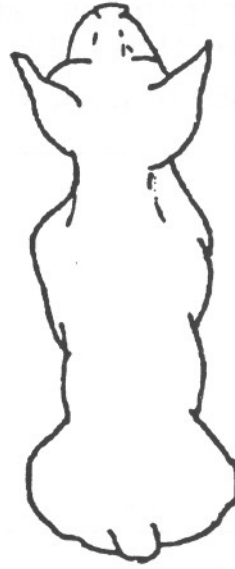
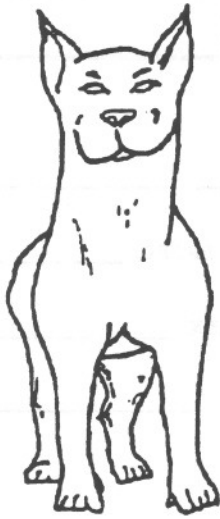
Pathologist Initials _____

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FINDINGS to be completed by pathologist (No wet tissues left for numbers)

Pathologist _____

Date _____