



Professional Veterinary Pathology Services, LLC

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Phone (803) 252-1913 Fax (803) 753-5074
www.ProVetPath.Com

SHADED AREA FOR LAB USE ONLY

PRACTICE ADDRESS CITY ST ZIP PHONE SUBMITTING DVM

PATIENT INFORMATION: (PLEASE COMPLETE ENTIRELY)

FAMILY (LAST) NAME: PATIENT (FIRST) NAME:

MEDICAL RECORD OR PRACTICE REF #

CANINE FELINE OTHER

BREED: COAT COLOR: SEX: FEMALE MALE

AGE OR DATE OF BIRTH: NEUTERED: YES NO On Date of Specimen Collection

DATE SENT/CALLED:

CONFIRMATION OR TRACKING#:

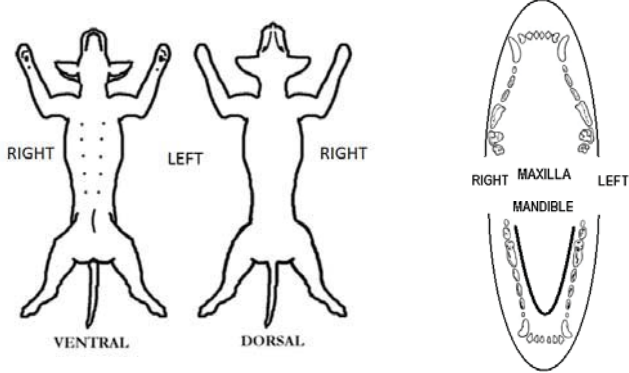
AUTHORIZATION (FORM MUST BE SIGNED): I authorize PVPS to perform the services requested and assume responsibility for payment for those services.

SERVICE(S) REQUESTED:

- HISTOLOGY - ROUTINE EXAM
HISTOLOGY - BONE / LIMB
CYTOLOGY - ROUTINE EXAM
PLEURAL FLUID ANALYSIS
ABDOMINAL FL. ANALYSIS
PERICARDIAL FL. ANALYSIS
SYNOVIAL FLUID ANALYSIS
TTW/BAL CYTOLOGY EXAM
CSF ANALYSIS / CYTOLOGY
BONE MARROW CYTOLOGY
OTHER
STAT SERVICE (SURCHARGE ADDED)
Indicate Method(s) of Contact:
No STAT Call Requested
Call Veterinarian
E-Mail Veterinarian

Signature of Authorized Submitter

INDICATE ON DIAGRAM(S) LOCATION(S) OF LESION(S):



NECROPSY USE PME FORM * STAT phone calls are not made after 11 p.m. or before 8 a.m.

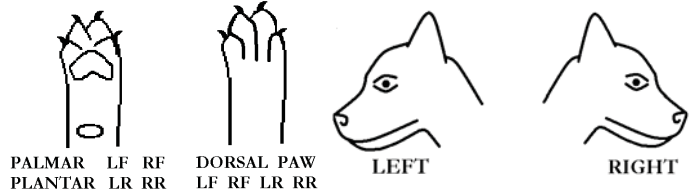


Table with 2 columns: SITE and DESCRIPTION OF SPECIMEN(S) / DESCRIPTION OF LESION(S). Includes checkboxes for formalin-fixed, cytology slides, fluid/effusion, and lesion details.

IF MORE THAN 2 SITES ARE SUBMITTED, USE AN ADDITIONAL FORM AND IDENTIFY AS "C" "D" ETC.