



Professional Veterinary Pathology Services, LLC

One Science Court, Suite 200, Columbia, S.C., 29203
Phone (803) 252-1913 Fax (803) 252-2330

SUBMITTER:

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: (____) _____

FAX: (____) _____

Submitted by: _____

PATIENT INFORMATION: (PLEASE COMPLETE ENTIRELY)

OWNER: _____

PATIENT ID: _____

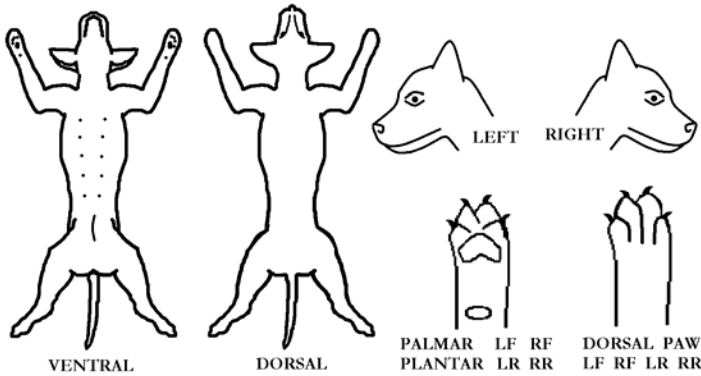
CANINE FELINE AVIAN EQUINE BOVINE
OTHER

BREED: _____

GENDER: FEMALE MALE UNKNOWN

NEUTERED: YES NO AGE OR DATE OF BIRTH: _____

IDENTIFY EACH LESION ON DIAGRAM AS "A," "B," "C," ETC. LABEL EACH CONTAINER WITH ID AND CORRESPONDING LETTER. DESCRIBE SPECIMEN AND LESION IN DETAIL IN THE SPACE BELOW.



SERVICE(S) REQUESTED:

SURGICAL BIOPSY NUMBER OF SITES: _____
CYTOLOGY NUMBER OF SITES: _____
OTHER _____

ADDITIONAL OR SPECIAL INSTRUCTIONS

STAT SERVICE WITH PHONED RESULTS (SURCHARGE ADDED)
BIOPSY SPECIMEN CONTAINERS NEEDED
BIOPSY-CYTOLOGY EXAMINATION FORMS NEEDED
OTHER INSTRUCTIONS: _____

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

Signature of Authorized Submitter

Table with 3 columns: SITE, DESCRIPTION OF SPECIMEN(S), and DESCRIPTION OF LESION(S). Includes checkboxes for specimen types and lesion details.

IF MORE THAN 3 SITES ARE SUBMITTED, USE AN ADDITIONAL FORM AND IDENTIFY AS "D," "E," "F," ETC.

FOR LABORATORY USE ONLY - PLEASE DO NOT WRITE IN THE SPACE BELOW

Table for laboratory use with columns for DATE, TECH, TOTAL SLIDES A, B, C, and CASE ID, plus a NOTES section.