DI	Professional Veterinary Pathology Services, LLC	PATIENT INFORMATION: (PLEASE COMPLETE ENTIRELY)
D S	One Science Court, Suite 200, Columbia, S.C., 29203 Phone (803) 252-1913 Fax (803) 252-2330	OWNER:
SUBMITTER:		PATIENT ID:
NAME:ADDRESS:		☐ CANINE ☐ FELINE ☐ AVIAN ☐ EQUINE ☐ BOVINE ☐ OTHER
CITY:STATEZIP		BREED:
PHONE: () FAX: ()		GENDER: FEMALE MALE UNKNOWN
Submitted by:		NEUTERED: YES 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
LEFT RIGHT		ADDITIONAL OR SPECIAL INSTRUCTIONS  STAT SERVICE WITH PHONED RESULTS (SURCHARGE ADDED) BIOPSY SPECIMEN CONTAINERS NEEDED BIOPSY-CYTOLOGY EXAMINATION FORMS NEEDED OTHER INSTRUCTIONS:
VENTRAL DORSAL PAW PLANTAR LR RR LF RF LR RR		AUTHORIZATION ( <u>FORM MUST BE SIGNED</u> ): I authorize PVPS to perform the services requested and I assume responsibility for payment according to the terms of agreement.
	DESCRIPTION OF OPERATOR	Signature of Authorized Submitter
SITE	DESCRIPTION OF SPECIMEN(S) (Record Information for EACH Specimen Submitted)	Signature of Authorized Submitter  DESCRIPTION OF LESION(S): SUCH AS LOCATION, SIZE, COLOR, TEXTURE, DURATION, RATE OF GROWTH, ETC.
		DESCRIPTION OF LESION(S): SUCH AS LOCATION, SIZE,
SITE	(Record Information for EACH Specimen Submitted)  ☐ FIXED TISSUE(S) NO. SPECIMENS: ☐ COMPLETE EXCISION WITH TISSUE MARGINS ☐ INCISIONAL OR PUNCH BIOPSY - NO MARGINS ☐ GLASS SLIDE(S) NO. SLIDES: ☐ ASPIRATE ☐ IMPRESSION ☐ EXUDATE	DESCRIPTION OF LESION(S): SUCH AS LOCATION, SIZE,
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