



Sound VetPath
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DACVP

Ship Samples to:
via-
FedEx/UPS: HCS-SVP
207 N. Harkness
Everson, WA 98247

via USPS:
HCS, Inc.
PO Box 770
Everson, WA 98247

Owner Name: _____ Pet Name: _____

Owner Address: _____

Patient ID number: _____

Referring Vet Hospital and phone: _____

Veterinarian Name and email: _____

Submission Date: _____ Species: _____ Breed: _____

Sex: _____ Birthdate: _____ Wild Caught (y/n) _____ Captive Bred (y/n) _____

Check one: Biopsy Case _____ Autopsy Case _____ If Yes, died/euthanized? _____

Condition of body: _____

Case History (clinical signs, clinical lab data, imaging findings, description of gross lesions, treatment, etc)

Tentative Clinical Diagnosis: _____

Sample Sites/Locations	Number of Specimens	Evaluate Margins (Y/N)?
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Total number of types of tissue _____ Total number of cassettes _____

SVP receive date:

SVP accession #: