

# Florida Vet Path, Inc

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Floridavetpath.com



## LAB USE ONLY

### Clinic Information

FVP Account Number \_\_\_\_\_

Need Supplies

Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Veterinarian \_\_\_\_\_ Results: Fax  Email

### Patient Information

Owner Name \_\_\_\_\_

Patient Name \_\_\_\_\_

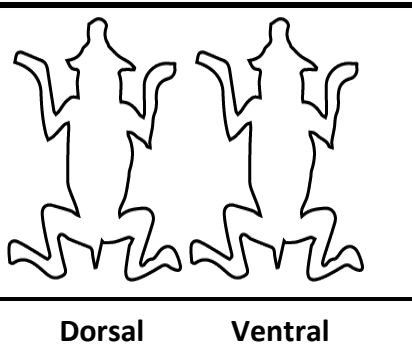
Species \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_

Sex \_\_\_\_\_

Special Instructions, Pathologist preference, additional information:

### Clinical History



Dorsal

Ventral

### Histology

Biopsy-1/2 sites

Biopsy-3+ sites

# of sites \_\_\_\_\_

Necropsy

# of sites \_\_\_\_\_

Sebaceous adenitis

Official  (Please include payment, FVP form and OFA form with sample)

Unofficial

Dermatopathology

### Cytology

Cytology- 1 site

Source: \_\_\_\_\_

Cytology-2+ sites

Source: \_\_\_\_\_

Source: \_\_\_\_\_

### Referral Tests

Pricing subject to change

Culture & Sensitivity

Bacterial

Fungal

Anaerobic

Stone Analysis

T4, TSH

T4, Free T4

Cortisol

### Additional Tests Available

Call Lab for Details

Immunohistochemistry

PCR

PARR

MCT Panel

Melanoma

Please submit samples to:

**Florida Vet Path, Inc**  
506 N West Street  
Bushnell, FL 33513

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JARS	SITES
CASSETTES	ADDITIONAL INFO
PIECES	
DECAL	
SECTIONS	