



Lab No.
 Date

Pathology Submission Form

Request for

Biopsy Necropsy Cytology Fluid Analysis
 Hospital / Clinic Owner's name Animal's Name HN No.
 Attending Physician Tel Date of Operation

History

Species Canine Feline

Breed

Sex Male MC Female FS

Age Weight

Method of Collection

Impression smear Scraping FNA
 Centesis Punching Excision
 Incision

Preservation

10% Formalin No preservation

Specimen information

Organ / Site

Duration of Growth

Site Shape

Color Weight

Consistency

Soft Firm Hard

Characteristic

Hemorrhage Necrosis Suppuration
 Lymph node involvement Metastasis

Clinical History and Diagnosis

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Further Investigation (Radiography, Ultrasound, ECG, etc.)

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