

Histology

Biopsy -2<sup>nd</sup>

Necropsy

Other:

Biopsy - 1st

Biopsy – 3<sup>rd</sup>

Cytology



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URGENT
<b>MARGINS</b>

Billing Code

Collected By

Received By

Specimens Collected

Specimens Received

Owner's Surname:	Animal's Name:	
Species:  Breed:	Age:	
Clinic Details:	Please indicate on diagram where specimen was t	aken
Address:	0 1 0 0 13	0
Vet Surname: First Name:		] [
AVA Number: Tick for VetEd		
Visit Number:	RIGHT LEFT LEFT	RIGHT
Copy Results To:		
Clinic:	<i>&gt;</i>	
Address:		
Specimen: of Please Select Specimen Site: Fixed/Fresh		
Clinical History:		O
Gross Specimen Description and Size:		
Cytology Findings:		
Differential Diagnosis:		
Differential Diagnosis:		
Vet Signature:	Date:	

Lab Use Only

Collection Date

**Collection Time** 

Received Date

Received Time