

Biopsy -2<sup>nd</sup>

Necropsy

Other:

Biopsy – 3<sup>rd</sup>

Cytology



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URGENT		
<b>MARGINS</b>		

Owner's Surname:		Animal's Name:	
Species:		Age:	
Breed:		Sex:	Desexed:
		Please indicate on diagra	m where specimen was taken  DORSAL
	First Name:	1 6 7 /	\\ \\ \&\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
AVA Number:	Tick for VetEd		
Visit Number:			
Clinic:		RIGHT	LEFT RIGHT
Address:		111	( 11 )
Specimen:			
Clinical History:			0 // 0
Gross Specimen Descriptio	n and Size:		
Cytology Findings: .  Differential Diagnosis:			
2erendar Diagnosis.			
Vet Signature:		Date:	
Histology	Biopsy - 1st	Lab Use Only	Billing Code

Collection Date

**Collection Time** 

Received Date

Received Time

Specimens Collected

Specimens Received

Collected By

Received By