



INDEPENDENT
VETERINARY
PATHOLOGY

Australian Veterinary Association
VetEd
Professional development
for Australia's veterinarians

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☐ URGENT
☐ MARGINS

Owner's Surname:

Species:

Breed:

Clinic Details:

Address:

Vet Surname: First Name:

AVA Number: ☐ Tick for VetEd

Visit Number:

Copy Results To:

Clinic:

Address:

Specimen: of Please Select

Specimen Site: Fixed/Fresh

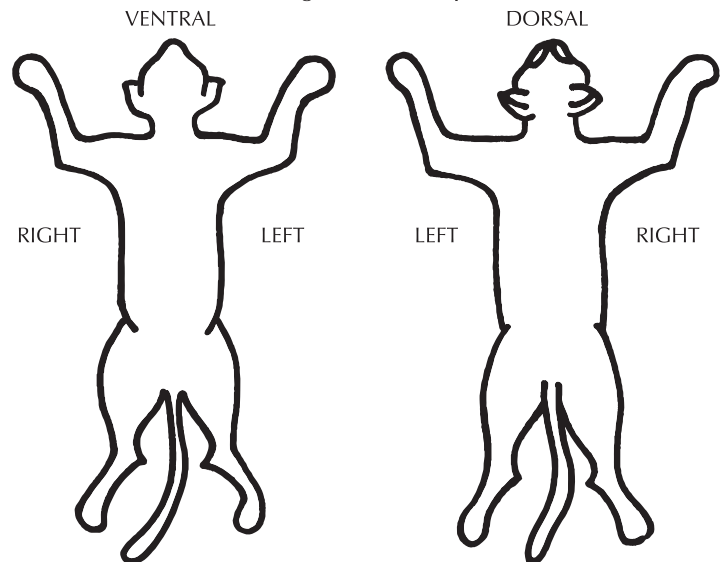
Clinical History:

Animal's Name:

Age:

Sex: Desexed:

Please indicate on diagram where specimen was taken



Gross Specimen Description and Size:

Cytology Findings:

Differential Diagnosis:

Vet Signature: Date:

Histology	Biopsy - 1 st
Biopsy - 2 nd	Biopsy - 3 rd
Necropsy	Cytology
Other:	

Lab Use Only	Billing Code
Collection Date	Specimens Collected
Collection Time	Collected By
Received Date	Specimens Received
Received Time	Received By