

Histology

Biopsy -2<sup>nd</sup>

Necropsy

Other:

Biopsy - 1st

Biopsy – 3<sup>rd</sup>

Cytology



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	URGENT
П	MARGINS

Owner's Surname:	Animal's Name:
Species:	Age:
Clinic Details:  Address:  Vet Surname:  AVA Number:  Tick for VetEd  Visit Number:	Please indicate on diagram where specimen was taken DORSAL  RIGHT  LEFT  LEFT  RIGHT
Copy Results To:	<b>}</b>
Address:	
Specimen: of Please Select Specimen Site: Fixed/Fresh	
Clinical History:	
Gross Specimen Description and Size:  Cytology Findings:	
Differential Diagnosis:	
Directional Diagnosis.	
Vet Signature:	Date:

Lab Use Only

Collection Date

**Collection Time** 

Received Date

Received Time

Billing Code

Collected By

Received By

Specimens Collected

Specimens Received