



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

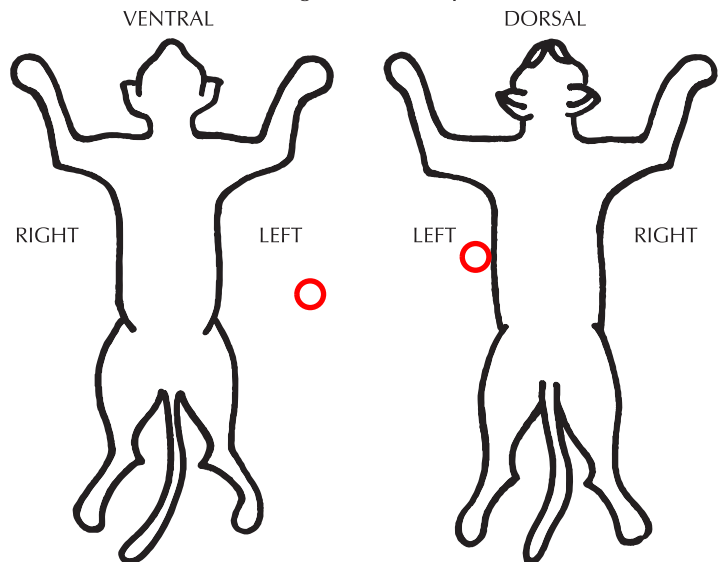
Clinical History:

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 <sup>st</sup>
Biopsy -2 <sup>nd</sup>	Biopsy - 3 <sup>rd</sup>
Necropsy	Cytology
Other:	

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