

Histology

Biopsy -2nd

Necropsy

Other:

Biopsy - 1st

Biopsy – 3rd

Cytology



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| URGENT |
|----------------|
| MARGINS |

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

Billing Code

Collected By

Received By

Specimens Collected

Specimens Received

Lab Use Only

Collection Date

Collection Time

Received Date

Received Time