


<b>UF</b> Submitter and phone:	 <b>UNIVERSITY of FLORIDA</b> Veterinary Diagnostic Laboratories <b>Surgical Pathology Request Form</b> 352-294-4726 Fax: 352-392-1769 http://labs.vetmed.ufl.edu	
MR #:		
Owner:		
Address:	<small>For office use only</small> <b>Case #:</b>	Date Received:
	<b>Clinician to contact for more information:</b>	
Phone:	<b>Clinician phone number:</b>	
Animal Name:	<b>Clinic:</b>	
Species:	<b>Address:</b>	
Breed:	<b>City:</b>	
Sex:	<b>State:</b>	<b>ZIP:</b>
Color:	<b>Fax:</b>	
DOB/age:	<b>E-mail:</b>	
Zoonotic Disease(s) Suspect? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which?	
Microbiology Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Margins inked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has tissue from this animal been submitted to UF Anatomic Pathology previously? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the accession number? C____-_____	
<b>Container #1</b>		
<b>Container #2</b>		
<b>Container #3</b>		
<b>Container #4</b>		
<b>Container #5</b>		
<b>Container #6</b>		
Samples submitted in: <input type="checkbox"/> 10% neutral buffered formalin <input type="checkbox"/> Bouin's <input type="checkbox"/> Davidson's / Ethanol <input type="checkbox"/> Nothing (fresh/frozen)		
<b>CLINICAL SUMMARY</b> (Include clinical signs, duration of illness, laboratory data, medications, and other pertinent information.) <b>THIS SUMMARY WILL BE PRINTED VERBATIM ON THE REPORT. Use another page if needed.</b>		
CLINICAL DIAGNOSIS:		
<b>Special Requests:</b> <input type="checkbox"/> Check here to authorize up to \$60 in additional testing if needed for diagnostic purposes.		
Signature of Attending Veterinarian		<b>PRINT Last Name – IMPORTANT</b>
Shipping Code _____ Samples Received:		
Initials: _____ Date/Time Stamp:		