

Atlantic Veterinary College					
University of Prince Edward Island					
550 University Avenue, Charlottetown					
Prince Edward Island C1A 4P3					

Diagnostic Services

(902) 566-0863 (Laboratories) (902) 566-0864 (Post Mortem & Histo Results) (902) 566-0871 (FAX)

	SURNAME:	FIRST NAME:
vn	PATIENT NAME:	SEX: OF OFS OM OMC
to	SPECIES:	BREED:
	COLLECTION DATE:	DATE OF BIRTH:

day

month

year

month

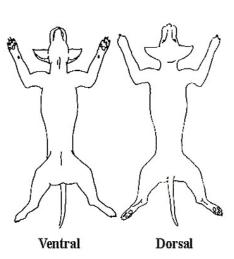
year

day

DATE RECEIVED:

HISTOPATHOLOGY LABORATORY SUBMISSION/SURGICAL BIOPSY FORM									
ORGAN(S) BIOPSIED:			Name of Clinic (with	Billing ID:):				
□ SKIN	☐ LYMPH NODE	□ SPLEEN							
☐ ORAL CAVITY	☐ STOMACH	☐ INTESTINE	CLINICIAN:		LAB #:				
□ LIVER	OTHER:								
RELEVANT HISTORY (including lesion description):									
DISEASE(S) SUSPECTED/ PRESUMPTIVE CLINICAL DIAGNOSIS:									
TREATMENTS AND/OR VACCINATIONS:									
Additional Testing Requested (please complete applicable submission form)									
PLEASE COMPLETE THE APPROPRIATE BOX FOR TUMORS OR SKIN BIOPSIES: DISTRIBUTION OF LESIONS:									
Mass(es): Skin Biopsies:									
Anatomical Location	on of Mass	Primary Lesions (circ	le)·						

Macule Patch Papule Plaque Nodule (<u>+</u> diagram) Vesicle Bulla Pustule Wheal Tumor **Secondary Lesions** (circle): Epidermal Collarette Size of Mass Crust Scale Ulcer Erosion Excoriation Comedone Callus Scar ☐ Single or \square Multiple Abscess Erythema ☐ Solid or \square Cystic Hypopigmentation Hyperpigmentation ☐ Freely Movable or ☐ Firmly Alopecia (symmetric or asymmetric) Attached Pruritus: How Long Present? □ no □ yes _ Parasites: Evidence of Metastasis? □ no □ yes ___



Note:

Specimens submitted to the University of Prince Edward Island are owned by the University of Prince Edward Island and will not be returned to the client unless arrangements were made prior to submission. Please refer to our Website at www.upei.ca/avc/diagnosticservices for terms and conditions.