

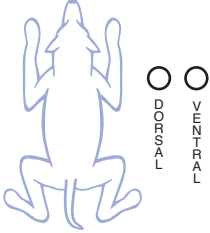


1-800-341-3440

Date	Owner																		
/ /	Pet Name																		
Doctor																			
Chart Number																			
<input type="radio"/> Canine	<input type="radio"/> Equine	<input type="radio"/> Ferret	Sex		Age	Breed													
<input type="radio"/> Feline	<input type="radio"/> Avian		<input type="radio"/> M	<input type="radio"/> MC															
<input type="radio"/> Other			<input type="radio"/> F	<input type="radio"/> FS															
Antech Pathologist																			

DOCTOR

<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

Pathology	Cytology	Location
<input type="radio"/> CFBX Biopsy <input type="radio"/> CSTAT (for Biopsy only additional charge) <input type="radio"/> CCBE Surgical Margin Evaluation <input type="radio"/> CDERM Dermatopathology Consult (add'l form required, see Service Directory)	<input type="radio"/> CCYTO Cytology <input type="radio"/> CFLUA Fluid Analysis w/ Cytology <input type="radio"/> CBONE Bone Marrow Cytology <input type="radio"/> CCSF CSF w/ Cytology <input type="radio"/> CPASC Cytology w/PAS Stain	<input type="radio"/> CAFS Acid Fast Stain <input type="radio"/> CGRAM Gram Stain 

Specimen Description	Type of Biopsy
Surgical Excision: <input type="radio"/> Complete <input type="radio"/> Partial <input type="radio"/> Excisional <input type="radio"/> Wedge <input type="radio"/> Punch <input type="radio"/> Needle <input type="radio"/> Endoscopic <input type="radio"/> Surgical margins inked	
Items Submitted: # of containers. _____ # of specimens. _____ # of sites sampled. _____	

Clinical History (Required Information)

Source(s):	Previous diagnostic testing ref no. _____	Previous biopsy or cytology ref no. _____
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Please provide a concise clinical summary. Describe gross appearance, size and distribution of the lesion(s). Attach clinical diagnosis, photographs, radiographs, drawings, prior histopathologic or cytologic diagnosis where appropriate.

Specimen Processing Lab use only

Number of Containers _____ Number of Cassettes _____ Technician _____

Container #	Bottle Label	Piece(s)	Sections(s)	Cassette #	Notes

