

Date: _____

PetLABS, Inc.
Diagnostics Laboratories
Veterinary Surgical Pathology Services
2510 Substation Rd, Medina, Ohio 44256
Tel: (330)220-6435, Fax(330)220-1661
CyberOpBug@aol.com

Hospital Name: _____

Owner: _____

Veterinarian: _____

Animal ID: _____

Address: _____

Species/Breed: _____

City/State/Zip: _____

Age: _____ days, months, years

Phone: _____

Sex:(circle) Male/Female

Fax: _____

Neutered/Intact

Email: _____

Pathologist preference (If available): _____

Total number of specimens: _____

Lesion duration: _____ days, weeks, months

Entire sample/lesion submitted: Yes No

Service Requested:

- Histopathology Joint Fluid Cytology
- Endometrial Biopsy Bone Marrow
- Other: _____

PLEASE NOTE:

WHEN SUBMITTING BONE, NAIL, CARTILAGE, TENDON, OR LIGAMENT, PLEASE ADD 10 DAYS FOR PROCESSING AS THESE SUBMISSIONS MUST BE SOFTENED (USING ACID) BEFORE CUTTING.

Results: Mail Fax Phone Email

Specimens: Surgical Biopsy Necropsy Tissue Fluid Impression FNA Marrow

Sample	Location	Size(cm)
1.- _____		
2. _____		
3. _____		

Lesion(s) description and clinical history: _____

