

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/

IntactEmail: _____

Pathologist preference (If available): _____

Total number of specimens: _____

Lesion duration: _____ days, weeks, months

Entire sample/lesion submitted: DYes DNo

Service Requested:

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.

D Histopathology

D Joint Fluid DCytology.

D Cytology. D Fluid Analysis

D Bone Marrow

D Cytology with Fluid Analysis

D Endometrial Biopsy

D Other: _____

Results:

DMail DFax
DPhone

DEmail

Specimens:

DSurgical Biopsy

DNecropsy Tissue

DFluid

DImpression

DFNA DMarrow

Sample

Location

Size(cm)

1. _____

2. _____

3. _____

Lesion(s) description and clinical history: _____