



Laboratory service pathology Pets and Horses

| | | | | | |
|------------------------------|-----------|-------------|-------------|--------------------|------------------|
| To be filled in by GD | Unpacking | Registering | Authorising | Submission number: | Relation number: |
| Number of samples: | Date: | | | | |

Please fill out form as **COMPLETELY** as possible.

| | | | | | |
|---------------------------------------|---------------------|---------------------|--------|--------|--|
| A Owner: | | | | | |
| Address: | | | | | |
| Postcode + City + Country: | | | | Phone: | |
| B Veterinary surgeon/practice: | | | | | |
| Address: | | | | Phone: | |
| Postcode + City + Country: | | | | | |
| | | | | | |
| *) Submitter is | Owner | Veterinary practice | Other: | Phone: | |
| *) Invoice to | Veterinary Practice | | | Phone: | |

The report and invoice will automatically be sent to the veterinary practice.

Information on the animal:

Name: _____

Species: _____

Breed: _____

Sex: _____

Castrated: yes no _____

Age / date of birth: _____

Chip number: _____

Date biopt/death: _____

Euthanasia: yes no _____

Information on the sample

Excision biopt
 fixed in 10% buffered formalin.
 fixed in other fixative

(name) _____

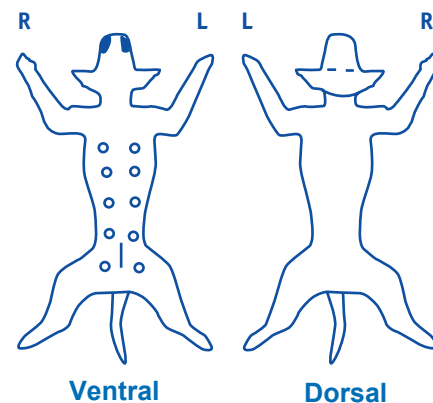
complete tumour submitted: yes no

Smeared body fluid
 direct smear.
 smear after centrifuging.

Post mortem
 non-cosmetic.

Aspiration biopt
 smeared and dried in the air.

Removal
 regular removal.
 cremation.



| | |
|----------------|------------------|
| Client. | |
| Name: _____ | |
| Date: _____ | Signature: _____ |