

PTH CLEAR SUBMISSION

STAT (may incur additional charges)

Previous Case #



VETERINARY DIAGNOSTIC LABORATORY
University of Illinois at Urbana-Champaign
PO Box U, 2001 South Lincoln Avenue
Urbana, IL 61802-6178
Tel: (217) 333-1620 Fax: (217) 244-2439
Email: vdloffice@vetmed.illinois.edu
Website: vetmed.illinois.edu/vdl

CLEAR ALL

VETERINARIAN
CLINIC/HOSPITAL
ADDRESS
CITY STATE ZIP
PHONE ( ) FAX ( )
CLINIC EMAIL
VET EMAIL
P.O./ACCT #/FOP
FEIN # NEW CLIENT UPDATES
BILLING COMMENTS (Owner billing not available)

RESULTS FAX EMAIL CLINIC EMAIL VET ONLINE/APP
COPY RESULTS VTH OTHER (NAME WITH FAX OR EMAIL BELOW)
SEND SUBMISSION FORMS FEE SCHEDULE
OWNER NAME (FIRST & LAST)
CITY STATE ZIP
BREED AGE
SPECIES CANINE FELINE EQUINE BOVINE PORCINE
OVINE CAPRINE AVIAN OTHER
SEX M F MC FS WEIGHT
ANIMAL ID
DATE SENT USPS UPS FEDEX COURIER
DROP OFF OTHER

ACCESSION #
Place sticker here

CONDITIONS SUSPECTED (HISTORY ON PAGE 2)

DATE COLLECTED SPECIMEN TISSUE FECES WHOLE BLD
SERUM URINE OTHER

\*ADDITIONAL TESTING MAY BE AVAILABLE, CHECK OUR WEBSITE FOR DETAILS\*

HISTOPATHOLOGY/BIOPSY • NECROPSY

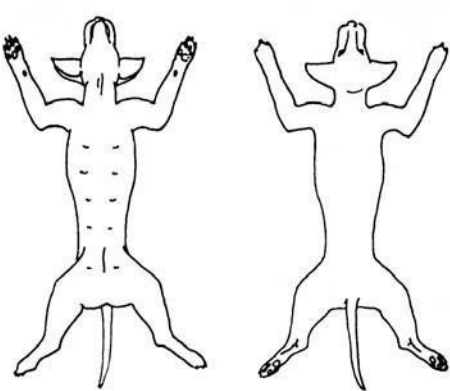
Histopathology/Biopsy (MARK SITE(S) ON PAGE 2)
# Tissues
Standard Histopathology/Biopsy
Immunohistochemistry
Immunohistochemistry with Interpretation
Indicate Date/Time in Fixative (Specify)
Multiple Tumor Evaluation
Margin Evaluation
Histopathology/Biopsy Consultation
Lymphoma Panel (CD3, CD79a, H & E)
BVD IHC (indicate quantity)
Other (please specify)
Research Histology
Slides (indicate quantity)
Blocks (indicate quantity)
Other (please specify)
VDL Necropsy
Euthanized? No Yes
Date/Time of Death
# Animals submitted
# In Herd/Flock
# Exhibiting Symptoms
# Dead
Gross ONLY Examination
Gross and Histopathology ONLY
Full Necropsy (Includes Gross, Histopathology and Ancillary Testing)
Additional charges apply to the following
Cosmetic Necropsy
Neurologic Exam (not Available on Gross Examination ONLY)
Remains (Disposed by Lab unless noted)
Hold for Cremation
Representative
Abortion Package
Bovine
Equine
Porcine
Small Ruminant
Other
Field Necropsy (NIAB)
Date/Time of Death
# Animals
# Fixed Tissues (indicate sites & label)
Type: Formalin Other
# Fresh Tissues (indicate sites & label)
# Swab (indicate body sites & label)
# Other (indicate type, body sites & label)
Rabies Only
Vaccination Current? No Yes
Euthanized/Date
Other
HUMAN EXPOSURE? Yes
Name and Address of Person Exposed
Full Name
Address
City Zip
Phone
Site & Type of Wound
HUMAN EXPOSURE? No
Federal Guidelines Followed? Yes No
Go To: http://www.dph.illinois.gov for information

**AUTHORIZED SIGNATURE (OPTIONAL)** \_\_\_\_\_

**REC'D BY (INITIALS)** \_\_\_\_\_

**HISTORY OR ADDITIONAL INFORMATION:** Indicate signs, duration, stress factors, previous disease, treatments, postmortem findings, pertinent feed or feed activities, time period animal was on premises, and clinical lab results (attach additional sheets as necessary).

**GROSS DESCRIPTION OF LESIONS:** Include location, size, color, consistency; if skin or subcutaneous lesions, fill in the diagram to indicate the extent: use "X" to mark biopsy sites.

<p style="text-align: center;"><b>R            L            L            R</b></p>  <p style="text-align: center;"><b>VENTRAL                      DORSAL</b></p>	<p>1. Location _____</p> <p>2. Size and shape X X cm/in _____</p> <p>3. Color, texture and presence of capsule _____</p> <p>4. Growth pattern (expansion, invasion, pedunculation) _____</p> <p>Additional Comments/Special Instructions: _____</p>	<p>5. Duration _____</p> <p>6. Rate of growth _____</p> <p>7. Are surgical margins submitted? _____</p> <p>8. History of recurrence _____</p>
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Show distribution of skin lesions in above drawings.  
Do not write in this section (VDL INTERNAL USE ONLY)

**VDL HISTOPATHOLOGY REQUEST**

Species _____	Accession Number _____
Trimmed by/Date _____	VDL Pathologist/Resident _____

<u># cassettes:</u>	<u># tissues</u>	<u>Embedding Instructions</u>	<u>Trimming Comments</u>
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**Histology Lab Comments/Notes:** \_\_\_\_\_