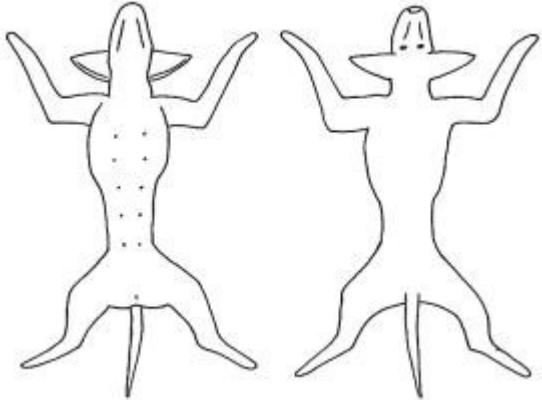


Veterinary Diagnostic Pathology Services
HISTOPATHOLOGY SUBMISSION FORM

Practice ID
Code

| | | | |
|--|---|---|------------------------------------|
| Date | Submitting Veterinary Surgeon | Owner's Name | |
| Vet Practice & Address | | Owner's Address | |
| Contact Number | Email | Contact Number | Email |
| Animal's Name | | Species | Breed |
| Age | Gender Neutered <input type="checkbox"/> Entire <input type="checkbox"/> | | |
| Date & Time Sampled | | Date Submitted | |
| Clinical History | | Site(s) of Sampling | |
| | | Incisional <input type="checkbox"/> Excisional <input type="checkbox"/> | |
| | |  | |
| Tissue types submitted ('the Materials') | | | |
| Suspected Clinical Diagnosis | | Recent Treatments | |
| I have read and agree to the Terms and Conditions at: http://www.surreyvetpathology.com/terms-and-conditions | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| By indicating that you accept the Terms and Conditions you hereby: | | | |
| 1) Agree that the Owner has granted consent for the histopathology services to be carried out on the Materials 2) Agree that the Owner understands that submitted Materials become the property of the University of Surrey and may be retained for diagnostic, teaching and research purposes. If the Owner does not consent to this re-use please contact us at submissions using the email below. | | | |
| Please send samples to: Veterinary Pathology Centre University Of Surrey Francis Crick Road Guildford Surrey GU2 7AQ | | Email: vetpath@surrey.ac.uk | |
| | | Tel: 01483 689823 | |
| | | Lab Use Only | |
| | | VetPath Ref Number | |
| | | Date Received | |
| | | Tissues Received | |