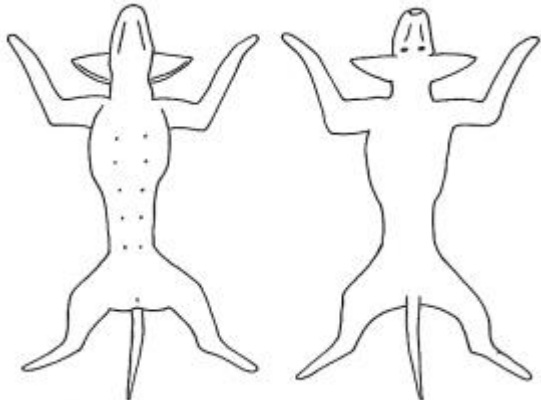


Veterinary Diagnostic Pathology Services
HISTOPATHOLOGY SUBMISSION FORM

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')		Recent Treatments	
Suspected Clinical Diagnosis		Yes <input type="checkbox"/> No <input type="checkbox"/>	
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	