

## Histopathology Submission Form

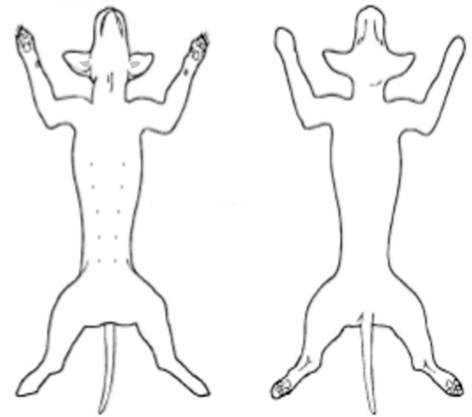
Practice name: .....  
 Practice address: .....  
  
 Tel: .....  
 Fax: .....  
 E-mail: .....

Clinician: .....  
 If required:  
 Personal e-mail: .....  
  
 Send report to:  
 Practice e-mail   
 Personal e-mail   
 Fax

Owner name: .....  
 Animal name: .....  
 Species: .....

Sex: .....  
 Breed: .....  
 Age: .....

Tissue submitted (+/- mark diagram):



Clinical history:

Further information, differential diagnoses, special requests, etc

**Office use only**  
 BPL Case no.:  
 Date received:  
 No. of samples:  
 Charge:

Materials from these submitted tissues may be used for clinical research purposes.  
 Please tick here if you specifically do NOT want these tissues to be used for research projects: