

NC STATE Veterinary Hospital

CVM Diagnostic Laboratory Services

Surgical Pathology B104H
1060 William Moore Drive
Raleigh NC 27607
919 513-6390
Fax:919 513-6703

ncstateanatomicalpathology@ncsu.edu

Laboratory Use

Clinic Information:		Veterinarian:	
NAME: _____		_____	
ADDRESS: _____		Clinic email: _____	
PHONE: _____			
Owner Information			
Last name _____		First name _____	
Patient Information		NAME: _____	
		AGE _____	
Species		Breed: _____	
Canine	<input type="checkbox"/>	SEX	<input type="checkbox"/>
Feline	<input type="checkbox"/>	M	<input type="checkbox"/>
Equine	<input type="checkbox"/>	MN	<input type="checkbox"/>
Other	<input type="checkbox"/>	F	<input type="checkbox"/>
		FS	<input type="checkbox"/>
		UNK	<input type="checkbox"/>

Biopsy, 1 - 2 sites

Liver Pathology includes special stains

Mass <5 cm with margins

Mass >5 cm with margins

Slide Review up to 3 slides- FFPE tissues

Fixed Tissues from necropsy up to 8 tissues

Amputations please call for pricing

Additional sites extra charge

Immunohistochemistry preauthorized Y N

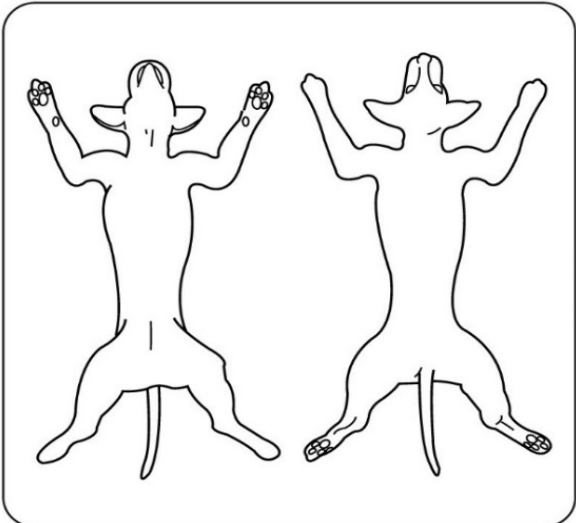
No cytology, tissue imprints, etc

Date Specimen Collected: _____

History pertinent to surgical sample _____

Tissue Sample and description _____

Description of Tissues/Margin indicators (LAB USE ONLY)



This submission form serves as notice that all specimens, animals, and/or biological materials submitted to NC State CVM Diagnostic Laboratory Service (CVM-DLS) as well as any test results, diagnoses, or other analyses resulting from these submissions will become the property of CVM-DLS