

Date: _____

PetLABS, Inc.
Diagnostics Laboratories
Veterinary Surgical Pathology Services
96 Grace Drive Powell, Ohio 43065
Tel: (330)220-6435, Fax(330)220-1661
CyberOpBug@aol.com

Hospital Name: _____

Owner: _____

Veterinarian: _____

Animal ID: _____

Address: _____

Species/Breed: _____

City/State/Zip: _____

Age: _____ days, months, years

Phone: _____

Sex:(circle) Male/Female

Fax: _____

Neutered/Intact

Email: _____

Pathologist preference (If available): _____

Total number of specimens: _____

Lesion duration: _____ days, weeks, months

Entire sample/lesion submitted: Yes No

Service Requested:

- Histopathology Joint Fluid Cytology
- Endometrial Biopsy Bone Marrow
- Other: _____

Results: Mail Fax Phone Email

Specimens: Surgical Biopsy Necropsy Tissue Fluid Impression FNA Marrow

Sample	Location	Size(cm)
1.- _____		
2. _____		
3. _____		

Lesion(s) description and clinical history: _____

