

Histopathology Submission Form

Practice name:
 Practice address:

 Tel:
 Fax:
 E-mail:

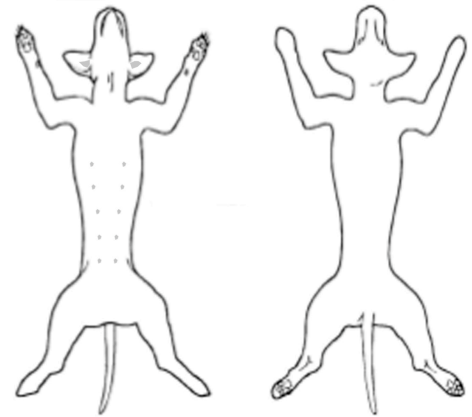
Clinician:
 If required:
 Personal e-mail:.....

 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: