

Diagnostic Laboratory Service

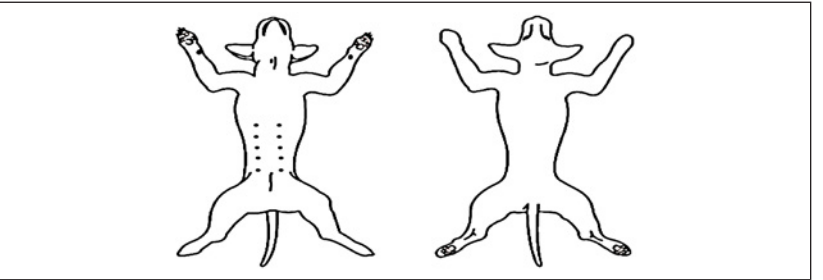
vetmed.tennessee.edu/vmc/dls

Select type of biopsy: **Routine** **STAT**

Practice:	
Veterinarian:	
Address:	
Phone:	
Fax:	
Email:	
Patient Name:	
Owner:	
Clinic Patient Chart No.:	
Species: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Equine	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Neutered/Spayed
Other: _____	Male <input type="checkbox"/> Intact <input type="checkbox"/>
THIS LAB ACCEPTS PRIMATE SAMPLES WITH PRIOR APPROVAL.	
Breed: _____	Age: _____
Previous biopsy: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide biopsy UTCVM accession numbers: _____	

Case History: *(history, medication, clinical signs, pertinent lab findings, tentative diagnosis)*

Biopsy - Anatomic Pathology		865-974-5673
For lab use only	Date: _____	Accession #: _____
Pathologist: _____		Resident: _____



TISSUE 1: Evaluate margins: Yes No *If yes, entire sample is required.*

Location: _____

Lesion size/Appearance: _____

Check for: _____

TISSUE 2: Evaluate margins: Yes No *If yes, entire sample is required.*

Location: _____

Lesion size/Appearance: _____

Check for: _____

TISSUE 3: Evaluate margins: Yes No *If yes, entire sample is required.*

Location: _____

Lesion size/Appearance: _____

Check for: _____

Other tissues/specimens submitted to: (check all that apply)

<input type="checkbox"/> Bacteriology/Mycology	<input type="checkbox"/> Clinical Pathology	<input type="checkbox"/> Cytology	<input type="checkbox"/> Endocrinology
<input type="checkbox"/> Immunology	<input type="checkbox"/> Parasitology	<input type="checkbox"/> Virology	

Ship Samples to: UTCVM Anatomic Pathology Laboratory
2407 River Drive, Room A205 | Knoxville, TN 37996-4543

865-974-5673 865-974-5640 cvmanatomicpath@utk.edu

vetmed.tennessee.edu/vmc/dls/biopsy

For the most up-to-date test listings, lab forms, pricing, submission guidelines, and shipping instructions visit vetmed.tennessee.edu/vmc/dls