

Diagnostic Laboratory Service

vetmed.tennessee.edu/vmc/dls

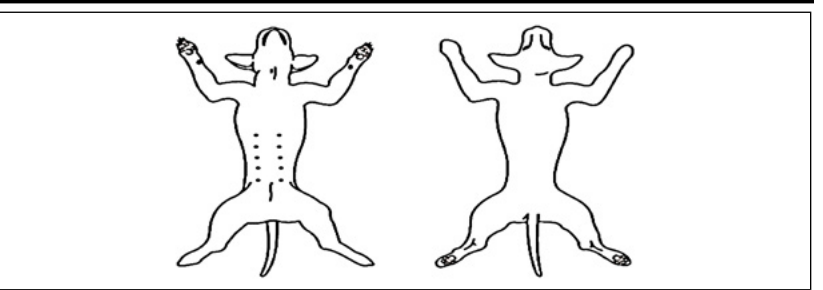
Select type of biopsy: **Routine** **STAT**

Practice:	
Veterinarian:	
Address (Street address, City/State, Zip Code):	
Phone:	
Fax:	
Email:	
Patient Name:	
Owner:	
Clinic Patient Chart No.:	
Species: Canine Feline Equine	Sex: Female Neutered/Spayed
Other: _____	Male Intact
THIS LAB ACCEPTS PRIMATE SAMPLES WITH PRIOR APPROVAL.	
Breed:	Age:
Previous biopsy: Yes 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"/> Virology/Immunology	<input type="checkbox"/> Parasitology		

Ship Samples to: UTCVM Anatomic Pathology Laboratory
2407 River Drive, Room A201 | 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