

Iowa State University Histopathology Laboratory

Department of Veterinary Pathology, College of Veterinary Medicine
1600 South 16th Street, Room 2703
Iowa State University, Ames, Iowa 50011-1250
PH: 515-294-3282 FAX: 515-294-7730
<http://vetmed.iastate.edu/vpath/diagnostic-services>



Veterinarian _____
Clinic _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____

Client _____
Patient _____ Species _____
Breed (if mix, predominant breed) _____
Age _____ Sex _____ Eye color _____

Date Sampled _____ Sampled eye: Right _____ Left _____
Specimen(s) submitted: Globe _____ Evisceration _____ Lid _____ Other (specify) _____

<i>Laboratory Use Only</i>	
Case Number: _____	Cord: _____
Clinical Submission: _____	ATU _____

Rush request: Yes _____ No _____
Insurance or litigation: Yes _____ No _____

Cases include special staining and/or two IHC stains.
Call prior to additional testing: Yes _____ No _____

History

Glaucoma: Yes _____ No _____

Clinical signs (include duration, progression, contralateral eye findings):

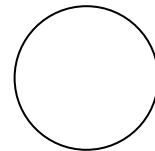
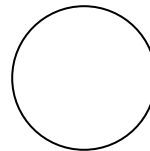
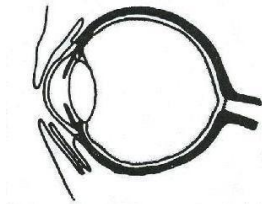
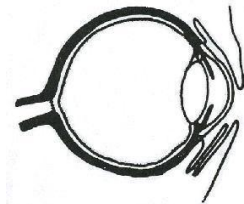
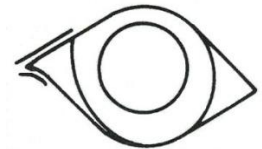
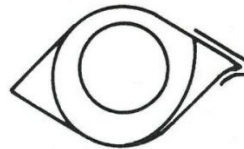
Treatment and response:

Clinical interpretation (include rule-outs):

Special Concerns (requests, etc.):

Current Examination

Tonometry (mm Hg): Right _____ Left _____
Schirmer tear test (mm/min): Right _____ Left _____



Fundus

Results are available on our Client Website: <http://vetpath.cvm.iastate.edu>
*Contact 515-294-4188 to order mailers or cancel submissions.

Permission granted to provide duplicate results to ISU VTH _____
Signature