Please print this page and include it with your submission.



IOWA STATE UNIVERSITY

Department of Veterinary Pathology

Histopathology Laboratory

1800 Christensen Dr.
Room 2703 Patterson Hall
Ames, IA 50011

Laboratory phone: **(515) 294-3282**
Laboratory e-mail: **histopathology@iastate.edu**

LABORATORY USE ONLY

Coord:	**Case number / label**
Test:	
Jar/Spec:	
Scan:	
Lab Initials:	

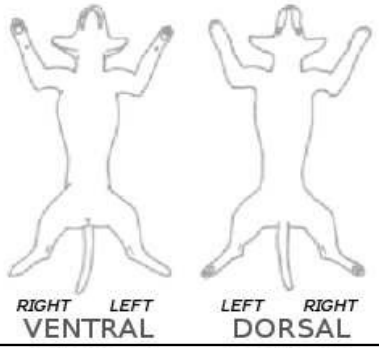
Results also available online: **http://vetpath.cvm.iastate.edu**

☐ **Insurance or litigation is involved**

☐ **Permission to provide results to ISU VMC**

Previous case number *(if applicable)*:

Lesion locations corresponding to samples listed below



Veterinarian: _____

Clinic: _____

Address: _____

Phone: _____

Email: _____

Owner: _____

Animal name: _____

Species: _____ Breed: _____

Sex: _____ Age: _____

Date sampled: _____

Time sampled: _____

Specimen(s) submitted: *Please allow at least 10 business days from receipt for bone decalcification*

	TISSUE / SITE	SHAPE	COLOR	SIZE	PUNCH OR CORE?
A					Y☐ N☐
B					Y☐ N☐
C					Y☐ N☐
D					Y☐ N☐
E					Y☐ N☐

Case history:

Gross features:

Tentative diagnosis:

*****IHC Preauthorization*****

If recommended by the pathologist, authorize IHCs at $35 per marker? ☐ **Yes** ☐ **No**

If not preauthorized, the submitting clinic must contact the laboratory to order recommended testing.