

# IOWA STATE UNIVERSITY

Department of Veterinary Pathology

## Histopathology Laboratory

1800 Christensen Drive, Room 2703  
Ames, IA 50011-1134

vetmed.iastate.edu/vpath/services/diagnostic-

services Phone: 515-294-3282 | Fax: 515-294-7730

### HISTOPATHOLOGY SUBMISSION FORM

Veterinarian \_\_\_\_\_  
Clinic \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email Address \_\_\_\_\_

#### Laboratory Use Only

Cord \_\_\_\_\_

1 Biopsy \_\_\_\_\_

6+cm Biopsy \_\_\_\_\_

Clinical Submission \_\_\_\_\_

2 Biopsies \_\_\_\_\_

Add'l Biopsies \_\_\_\_\_

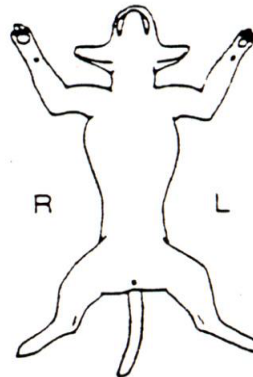
Necropsy \_\_\_\_\_

Owner name \_\_\_\_\_  
Animal name \_\_\_\_\_  
Species \_\_\_\_\_ Breed \_\_\_\_\_  
Gender \_\_\_\_\_ Age \_\_\_\_\_  
Date sampled \_\_\_\_\_ Time \_\_\_\_\_

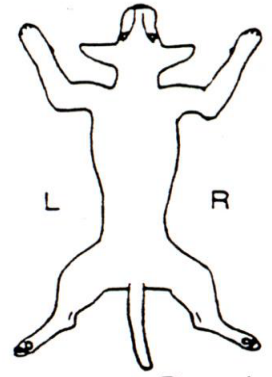
#### RUSH REQUEST

Send Mailers (fax 294-7730 or call 294-3282)

Insurance or Litigation: Yes No



Ventral



Dorsal

Indicate Lesion Location:

**PLEASE ALLOW AT LEAST 10 BUSINESS DAYS FROM RECEIPT FOR BONE DECALCIFICATION**

#### SECTION I SPECIMEN(S) SUBMITTED:

A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_ E \_\_\_\_\_  
Shape \_\_\_\_\_  
Color \_\_\_\_\_  
Size \_\_\_\_\_

Please list additional tissues here: \_\_\_\_\_

#### SECTION II

Case History (clinical signs, duration, location, treatment response)

Gross Features (texture, cystic, encapsulated, ulcerated, raised, freely moveable, etc.)

Previous Case# \_\_\_\_\_

Permission granted to provide duplicate results to ISU VTH \_\_\_\_\_

Signature

Tentative Diagnosis: \_\_\_\_\_

Special Concerns (requests, rule outs, procedures): \_\_\_\_\_

**COLLECTION & SHIPPING INFORMATION ON REVERSE SIDE**

# SHIPPING REQUIREMENTS

Fill out the Department of Veterinary Pathology **Histopathology Submission form** and submit it with the specimen. The submission form can be printed from:

**Website: <http://vetmed.iastate.edu/vpath/services/diagnostic-services/>**

Place the biopsy specimen in a **sealed wide-mouth plastic bottle** that contains 10-20 volumes of 10% neutral buffered formalin. Wrap tape or parafilm around the lid and place the labeled bottle in a plastic bag with absorbent material (paper towel). Place inside a sturdy cardboard box and ship by a carrier of your choice to:

**Iowa State University  
Department of Veterinary Pathology  
1800 Christensen Drive  
2703 Veterinary Medicine  
Ames, IA 50011-1134**

See our website for special winter shipping instructions.

**Results are Available on our Client Website:** [https://clinic-db.cvm.iastate.edu/cvis/cli\\_path\\_gen.rb](https://clinic-db.cvm.iastate.edu/cvis/cli_path_gen.rb)