



Pathology Submission Form

Diagnostic Services Unit
University of Calgary Faculty of Veterinary Medicine
Spy Hill Campus, 11877 85th Street, NW
Calgary, AB, T3R 1J3
Phone: 403-220-2806 FAX: 403-239-6984

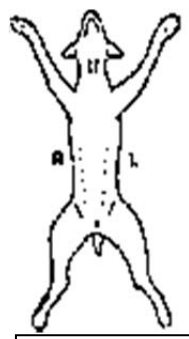
LAB USE ONLY:
Accession Number:
Date:

Presumptive Clinical Diagnosis:

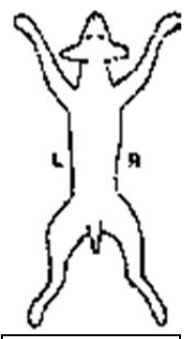
Have previous materials/animals been submitted for this problem?
Yes _____ No _____ Unknown _____
If yes, enter specimen number(s): _____

Additional testing requested (extra charges apply):
Bacteriology _____ Virology _____ Parasitology _____ Toxicology _____

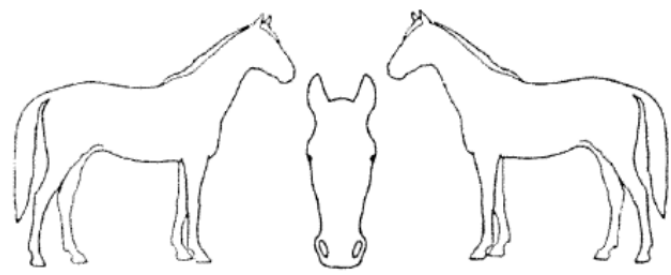
Additional information, lesion description or instructions:



Ventral



Dorsal



Please mark biopsy location(s) with an "X"

SAMPLES SUBMITTED FOR TESTING BECOME THE PROPERTY OF THE UCVM AND MAY BE USED FOR TEACHING PURPOSES.
The submitting veterinarian is responsible for the requested tests, fees associated with the submission and for notifying the owner of the results.