



**For internal use only**  
Accession Number: B-..... Date received: ..... Pathologist: .....

**HISTOPATHOLOGY SUBMISSION FORM**

**Submitting Veterinary Practice:**

Clinician: .....  
Clinic: ..... Address: .....  
Phone: ..... Email (for invoicing): .....  
Report will be emailed to (indicate email for report): .....

**Owner's details:**

Family name: .....  
Animal's name / ID: ..... Passport/microchip: .....  
Reference No (if any): .....

**Travel outside the UK?** Yes ☐ No ☐ *(must be completed for this submission to be processed)*  
**(If yes)** Date and place travelled to: .....

**DETAILS OF SUBMISSION**

Species: ..... Breed: .....  
Colour/markings: .....  
Sex: Male ☐ Female ☐ Neutered ☐ Age (years/months): ..... Weight (kg): .....  
Date and time taken: ..... Anatomical location: .....  
Completely removed ☐ / Incompletely removed ☐

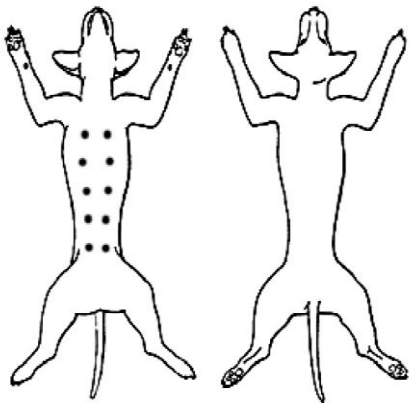
**CLINICAL HISTORY** (Please include duration of the clinical signs, relevant haematology and biochemistry, imaging (x-ray, CT,...):

**Tissue(s) submitted?**

**Special concerns** (requests, rule outs, margins, ...):

*(more space available overleaf if needed)*

*\*Please indicate location of biopsy*



**I confirm that the owner/agent has given consent for material to be stored for diagnostic, educational, and research purposes.**

**Signature of submitting Vet:**

**Date:**

**\*TISSUES WILL NOT BE PROCESSED WITHOUT THE SIGNATURE OF THE REFERRING VETERINARIAN\***  
\*\*Included with the biopsy examination fee are macroscopic and histologic examination and routine special histochemical stains. **Additional testing** (e.g. immunohistochemistry, whole slide scanning, in situ hybridisation, etc. among other molecular tests) may be available at external laboratories and **will incur an additional cost.**



*...continue here...*

**CLINICAL HISTORY** (Please include duration of the clinical signs, relevant haematology and biochemistry, imaging (x-ray, CT,...), therapy -type and duration-, special concerns):