

# Veterinary Laboratory Services HISTOLOGY Submission Form

www.liv.ac.uk/vetpathology

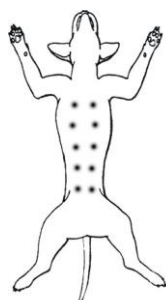
<b>Select service(s) required:</b>  <input type="checkbox"/> Histopathology (standard) <input type="checkbox"/> Cytology <input type="checkbox"/> <i>RAPID</i> Histopathology* <input type="checkbox"/> Advanced Margination **	<b>Please send samples to:</b>  Veterinary Pathology Diagnostic Service University of Liverpool Leahurst Chester High Road Neston CH64 7TE  Tel. 0151 795 6294 <a href="mailto:vpadmin@liverpool.ac.uk">vpadmin@liverpool.ac.uk</a>	<b>For Laboratory use only</b>	
		Case ID No:	
		Received	
		Tissue(s)	

Owner Name	Veterinary Surgeon
Animal Name	Hosp. No.
Species	Age
Breed	Sex
Date of Sampling	Practice Name & Address
Previous Case ID No? _____	
	Phone:
	Email:

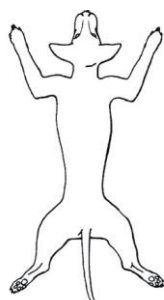
## Clinical Features and Details of the sample

## Differential Diagnosis/Clinical Impression

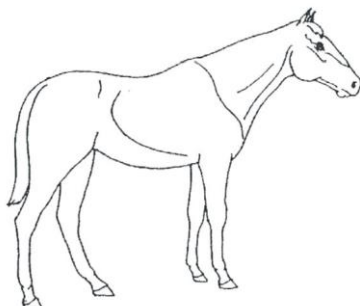
Lesion Distribution - Please indicate lesion location



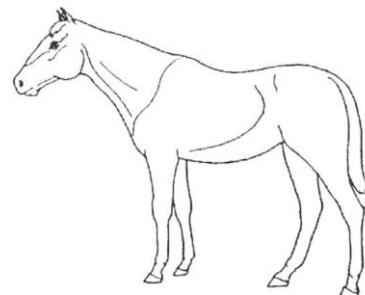
VENTRAL



DORSAL



RIGHT



LEFT

In submitting this material you agree to its potential use for teaching and/or research. If you would like to exclude this material from use in teaching / research, please inform us of such at [vpadmin@liv.ac.uk](mailto:vpadmin@liv.ac.uk) within one month from the date of submission.

\* Samples need to be received by 11 am or by first post of the day. The conclusion may not be definitive. A final report is sent the next day based on standard processed histology sample. \*\* Inked sample margins are needed