ROSSDALES LABORATORIES

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Histopathology Request Form

PRACTICE DETAILS	ANIMAL / OWNER DETAILS	LAB USE ONLY
Name:	Animal:	Lab Ref Number:
Address:	Owner:	Account Code: **Z**
Veterinary Surgeon:	Species:	Date Received:
Tel:	Breed:	Samples Checked By:
Fax:	Age:	
Email:	Sex:	
Report By: ☐ Fax ☐ Email	Colour:	
	Date Sample Collected:	

SAMPLE(S) SUBMITTED

BIOPSY:

- ☐ Incisional/wedge
- ☐ Excisional
- ☐ Punch
- ☐ Trucut
- ☐ Endoscopic/grab

POSTMORTEM TISSUE(S) ☐

Location of sample(s):

EXAMINATION REQUIRED

- ☐ **URGENT** (an additional charge may apply - please inform lab upon dispatch)
- ☐ Histology with Interpretation
- ☐ Processing only
- ☐ Additional (please specify):

HISTORY / CLINICAL SIGNS

Previous sample submitted? ☐ Yes ☐ No Ref: .....

Has the animal been treated at Rossdales Equine Hospital previously? ☐ Yes ☐ No

Please tick box if samples **CANNOT** be used for anonymous surveillance / clinical research / teaching. ☐

LAB USE ONLY

Number of samples:

Macro Description:

Blocks Taken:

Tissue Remaining: ☐ Yes ☐ No

To order laboratory supplies, please complete the online form at www.rossdales.com/laboratories/submit-a-sample/form-samples-order
Or you can contact us by email at **laboratory@rossdales.com** or telephone on **01638 663017**