



Diagnostic Laboratory System
www.labs.alabama.gov
Thompson Bishop Sparks State Diagnostic Lab
 890 Simms Rd
 Auburn, Al 36832
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**Biopsy/Dermatopathology
 Submission Form**

AVDL ACCESSION #:	
DATE RECEIVED:	
CASE COORDINATOR:	
<input type="checkbox"/> CHARGE <input type="checkbox"/> N/C PAID: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK #:	
Auburn Lab Tech Initials	
<input type="checkbox"/> USPS <input type="checkbox"/> UPS <input type="checkbox"/> FEDEX <input type="checkbox"/> OTHER:	
Submitted by: <input type="checkbox"/> Veterinarian <input type="checkbox"/> Owner <input type="checkbox"/> Other:	

**** ALL submitted samples become the property of TBSSDL. Some testing may be subcontracted or referred out to qualified laboratories. You will be contacted for permission if this will incur further charges. TBSSDL no longer offers cytology. Please send samples directly to Auburn CVM Clinical Pathology Service. ****

Veterinarian	Owner
Clinic	County
Address	Address
City State Zip	City State Zip
Phone	Phone Fax
Fax	Email
Email	Previous Case #
Report to: <input type="checkbox"/> Vet <input type="checkbox"/> Own <input type="checkbox"/> Other:	Bill to: <input type="checkbox"/> Vet <input type="checkbox"/> Own <input type="checkbox"/> Other:
Report Preference: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail	Bill Preference: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail

Specimen: <input type="checkbox"/> Fixed Tissue, Single <input type="checkbox"/> Fixed Tissue, Multiple <input type="checkbox"/> Fresh Tissue, Single <input type="checkbox"/> Fresh Tissue, Multiple		
Animal Name/ID	Species	
Breed	Sex	Age

<input checked="" type="checkbox"/> Please Mark All that Apply					(Lab Use Only)
* Liver copper levels require submission of fresh (unfixed) liver and incur an additional cost: \$10.00 * **Completeness of excision can only be assessed for excisional biopsies (masses submitted whole) **					
<input type="checkbox"/> Skin <input type="checkbox"/> Single Mass <input type="checkbox"/> Multiple Masses <input type="checkbox"/> Entire Digit <input type="checkbox"/> Derm Case <input type="checkbox"/> Oral <input type="checkbox"/> Single <input type="checkbox"/> Multiple	<input type="checkbox"/> Spleen <input type="checkbox"/> Whole <input type="checkbox"/> Mass <input type="checkbox"/> GI <input type="checkbox"/> Endoscopic <input type="checkbox"/> Exploratory <input type="checkbox"/> Lymph Node <input type="checkbox"/> Single <input type="checkbox"/> Multiple	<input type="checkbox"/> Liver <input type="checkbox"/> Mass <input type="checkbox"/> Lobe <input type="checkbox"/> Panel for Liver Disease (includes extra stains: Copper, Iron Trichrome, Reticulin And Copper Levels*)	<input type="checkbox"/> Other _____ <input type="checkbox"/> Assess for Completeness of excision** <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Additional Tests (Fresh Tissue) <input type="checkbox"/> Culture <input type="checkbox"/> Aerobic <input type="checkbox"/> Anaerobic <input type="checkbox"/> Fungal <input type="checkbox"/> Other Tests _____	

Location (for each tissue submitted):

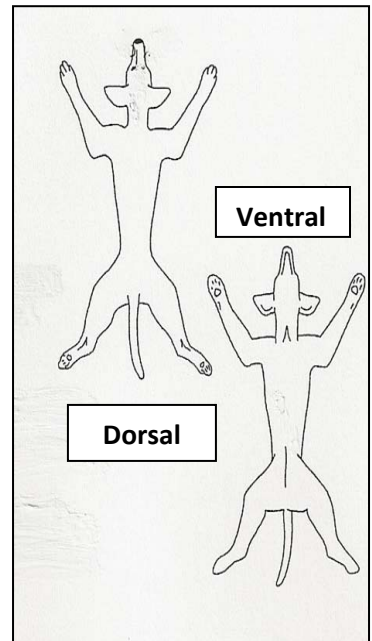
Distribution (single area, trunk and tailhead, generalized etc.):

Description (crusts, pustules, invasive, pedunculated, etc.):

Duration (if known):

Additional Relevant Clinical History/Treatment:

Clinical Diagnosis/Differential: _____



Print Name: _____ Signature: _____ Date: _____