

## HISTOPATHOLOGY REQUEST FORM

### VETERINARY SURGEON DETAILS

Submitting vet name:  
Vet practice name & address:  
Postcode:  
Tel:  
Fax:  
Results email:

### ANIMAL DETAILS

Animal name/ID:  
Owner surname:  
Hospital No:  
Age or D.O.B.:  
Sex: Neutered: **YES / NO**  
Species:  
Breed:

Date & time sampled:

Date submitted:

### CLINICAL SIGNS & HISTORY - including treatment at time of sampling and reason for sampling

### SAMPLES

| No. | System | Tissue | Mass? | Incisional/Excisional? | Further details |
|-----|--------|--------|-------|------------------------|-----------------|
|     |        |        |       |                        |                 |

### SPECIAL REQUESTS e.g. special stains, immunohistochemistry

*Tissues and organs will be used and retained by the University of Glasgow for histopathological and ancillary examinations pertinent to this case, and ethically approved research, test development and teaching.*

If the client indicates that they would prefer residual samples not to be used for ethically approved research and test development, please tick this box.