



SURGICAL PATHOLOGY SUBMISSION FORM

Pathological number: _____

External case () Internal case ()

Hospital number: _____

Please use capital letters

Species _____ **Breed** _____

Name _____ Age _____

Gender: F () M () Entire () Neutered () Unknown ()

Clinician: _____

Address: _____

Phone number: _____ E-mail address: _____

Owner: _____

Address: _____

Phone number: _____ E-mail address: _____

OR STICK LABEL HERE

Specimen submitted

Date and time taken: _____

Fresh tissue () Fixed tissue () Fixative _____

Anatomical site of lesion: _____

Completely removed () Incompletely removed ()

Relevant clinical history (clinical signs, significant haematology and biochemistry, radiology, therapy, duration. Lesion or tissue description: size, shape, colour, appearance and distribution):

Special concerns (Requests, rule outs, procedures):

Urgent () Routine ()

Submitting Clinician (Print name and signature): _____ **Date and time:** _____

Person and/or area to send the report to (email address): _____

Note: Specimens submitted to the Department of Veterinary Medicine are owned by the University of Cambridge, UK and will not be returned to the client unless arrangements were made prior to submission.

PATHOLOGY USE ONLY

Specimen gross description

Date and time received _____

NOTES (Bone tissue, not fixed)