

NDSU VETERINARY DIAGNOSTIC LABORATORY — BIOPSY SUBMISSION FORM

Phone 701.231.8307 or 701.231.7527

Email: ndsu.vetlab@ndsu.edu

www.vdl.ndsu.edu

PLEASE USE THIS FORM FOR SURGICAL PATHOLOGY SUBMISSIONS
Use Dermatopathology Submission Form For All Dermatology Cases

Date shipped _____	Date received _____
Owner: _____	Veterinarian: _____
Address: _____	Clinic: _____
City: _____	Address: _____
State: _____ Zip: _____	City: _____
Phone: _____	State: _____ Zip: _____
Email: _____	Phone: _____
Email report to owner: <input type="checkbox"/> YES – must include email address <input type="checkbox"/> NO	Email: _____
Species _____ Breed _____ Age _____ Sex _____	Payment (if left blank, clinic is responsible for all fees): <input type="checkbox"/> Clinic — billed <input type="checkbox"/> Owner — prepayment is required
Animal ID _____ Previous Case No. _____	
Date sample(s) collected _____ / _____ / _____	
Differential diagnosis or special requests _____	
<input type="checkbox"/> Check here if photos or documents pertaining to this case were emailed to the lab (ndsu.vetlab@ndsu.edu)	

CASE NO.			
<input type="checkbox"/> FROZEN	<input type="checkbox"/> COLD	<input type="checkbox"/> ROOM TEMP	
<input type="checkbox"/> LABELED	<input type="checkbox"/> UNLABELED		
<input type="checkbox"/> FIXED: JARS _____ BAGS _____			
<input type="checkbox"/> FRESH: JARS _____ BAGS _____			
<input type="checkbox"/> SLIDES _____	<input type="checkbox"/> TUBES _____		
<input type="checkbox"/> MAIL	<input type="checkbox"/> UPS	<input type="checkbox"/> FED EX	<input type="checkbox"/> SPEE-DEE
<input type="checkbox"/> COURIER	<input type="checkbox"/> AFTER HOURS	<input type="checkbox"/> DROP OFF	
<input type="checkbox"/> PAID: \$ _____			
This area for laboratory use only			

Specimen #1

Incisional Excisional Immunohistochemistry if required (extra fee applies) Yes No

Location _____

Description _____

Growth Pattern, Rate, Duration _____

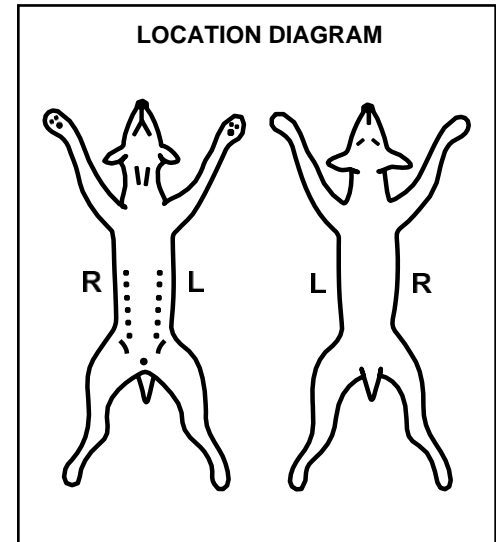
Specimen #2

Incisional Excisional Immunohistochemistry if required (extra fee applies) Yes No

Location _____

Description _____

Growth Pattern, Rate, Duration _____



Additional Comments:

Post Office Mail Address: Veterinary Diagnostic Lab, NDSU Dept 7691, PO Box 6050, Fargo, ND 58108-6050
UPS/Fed Ex Address: Veterinary Diagnostic Lab, 4035 19th Ave N, Fargo, ND 58102

- The NDSU VDL reserves the right to subcontract any work required to complete testing. Any subcontracted work will be indicated as such on the laboratory report.
- The submitter is responsible for adherence to sample shipping regulations. No human and ONLY fixed non-human primate samples will be accepted.
- This submission form is a contract between NDSU VDL and the submitter. All fees incurred are the responsibility of the submitter. Specimens including carcasses, tissues and agents isolated from specimens, become the property of NDSU VDL.
- Complete terms and conditions are on our website: www.vdl.ndsu.edu