

For Lab Use Only
UNH No: _____
Charges: _____
Pathologist: _____



University of New Hampshire NH Veterinary Diagnostic Laboratory

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DERMATOPATHOLOGY BIOPSY SUBMISSION FORM

Submitting Veterinarian: _____ Clinic/Hospital: _____ City/Town: _____ State: _____ Phone: (____) _____ Fax(____) _____	Submission Date: _____ Results EMAILED unless otherwise indicated: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Provide email if not on file: _____
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Owner/Animal Information	
Owner Name: _____ City/Town: _____ State: _____ Species: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Equine <input type="checkbox"/> Bovine <input type="checkbox"/> Caprine Breed: _____	Animal ID: _____ Age: _____ <input type="checkbox"/> Yrs <input type="checkbox"/> Mos <input type="checkbox"/> Wks <input type="checkbox"/> Days <input type="checkbox"/> Fetus <input type="checkbox"/> Porcine <input type="checkbox"/> Ovine <input type="checkbox"/> Avian Other: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> MC <input type="checkbox"/> FS Color: _____

History—Description of lesions and relevant clinical history ***Submission of clinical photos of lesions is strongly recommended***

PLEASE CONTINUE ON BACK ***PHOTOS SHOULD BE EMAILED TO NH.VDL@UNH.EDU***

Duration: _____

Pruritus: Yes No Severity: _____

Are lesions symmetrical? Yes No

Previous skin/ear problems? Yes No

Clinical Differentials:

Standard Testing: DERMPATH BIOPSY

Additional Specimen(s): _____

Additional Testing Requested:

Aerobic Culture Fungal Culture Cytology

Lesion distribution and sites sampled

Ventral

Dorsal

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Opened by: _____ <input type="checkbox"/> USPS <input type="checkbox"/> Courier <input type="checkbox"/> Drop-off Date: _____	Condition: <input type="checkbox"/> Leaked <input type="checkbox"/> Frozen <input type="checkbox"/> Damaged <input type="checkbox"/> Cold Pack	Specimen, # of: <input type="checkbox"/> Tissue, fixed ____ <input type="checkbox"/> Tissue, Fresh ____ <input type="checkbox"/> Slides ____ <input type="checkbox"/> Other ____	Final: <input type="checkbox"/> Faxed <input type="checkbox"/> Emailed <input type="checkbox"/> Mailed
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Samples submitted to the NHVDL become the property of the lab and may be used for teaching, ancillary testing, and research. Test results will be reported to appropriate state or federal agencies as required by law. The submitting veterinarian is responsible for the requested tests and communicating results with the owner.

