

# BIOPSY SUBMISSION FORM



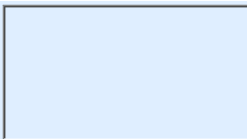
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Accession Number \_\_\_\_\_

Date \_\_\_\_\_

This box is for client's internal use only.



### DVM:

Name \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

### OWNER:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

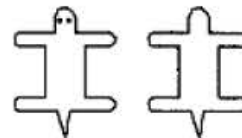
### SIGNALMENT:

Species \_\_\_\_\_

Breed \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

*Draw location of lesion(s) on diagram.*



- Have we received submissions from this animal before?
- Special Requests? \_\_\_\_\_
- Check margins.

### HISTORY & COMMENTS: