

BIOPSY SUBMISSION FORM



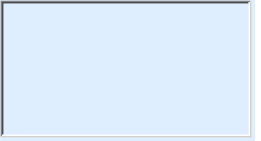
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Animal Disease Research & Diagnostic Lab
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Brookings, SD 57007
605.688.5171 605.688.6003 (fax)

email: sdsu.adrdl@sdstate.edu
website: <http://sdstate.edu/vs>

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 _____

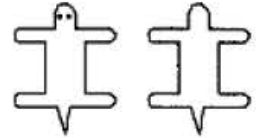
SIGNALMENT:

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: