Lab Use Only

South Dakota State University
Animal Disease Research and Diagnostic Laboratory

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ADRDL Webpage

Biopsy and Cytology Submission Form

DVM	
Clinic	
Address	
City	State Zip
Phone	
Email	

****Veterinary Clinic will be billed unless otherwise listed****

Billing Name and Account Number	

Owner	
Premise ID	
Address	
City	State Zip
Phone	
Email	

Animal Information

ID/Name	
Species	
Breed	Age Sex

Specimen Information

Tissue(s) Submitted:

Sample Collection Method ☐ FNA ☐ Aspirate ☐ Impression Smear ☐ Suspension Smear ☐ Other:_____

Biopsy/Cytology

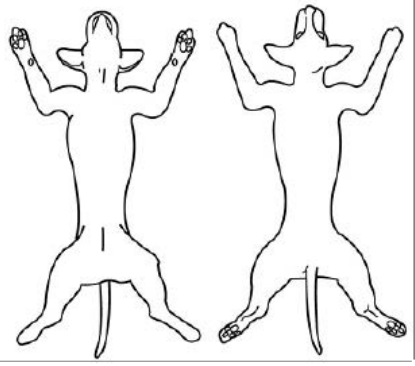
History ***(Required for adequate diagnosis)***

☐ Check Margins

☐ Special Requests:

Have we received submissions from this animal before?
If yes, please list case number:

Draw location of lesion(s) on diagram



Dermatopathology

History ***(Required for adequate diagnosis)***

Clinical Differential Diagnosis:

Previous skin or ear problems:

Previous treatments and response to treatments:

Lesion distribution ☐ Claws ☐ Dorsal Trunk ☐ Face ☐ Legs ☐ Neck ☐ Paws ☐ Pawpad ☐ Pinnae ☐ Tail ☐ Ventral Trunk

Lesion description ***(Select all that apply)***

☐ Alopecia	☐ Crust	☐ Erosion	☐ Hyperpigmentation	☐ Nodule	☐ Pruritus	☐ Symmetrical
☐ Callus	☐ Cyst	☐ Erythema	☐ Hypotrichosis	☐ Papules	☐ Pustules	☐ Ulcer
☐ Casts	☐ De-pigmentation	☐ Excoriation	☐ Lichenification	☐ Patch	☐ Scale	☐ Vesicles
☐ Comedo	☐ Epidermal collarette	☐ Fissure	☐ Macule	☐ Plaque	☐ Scar	☐ Wheal