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21 Vardon Drive Guelph, ON Canada N1G 1W8

Date _____

Owner's Name _____ Animal's Name _____

Species _____ Breed _____ Sex _____ Age _____

Clinic _____ Clinician _____

Address _____

Telephone _____ Fax _____

Relevant History (including recent therapy):

Lesion Description / Post Mortem Findings:

of Tissue Fragments Submitted: _____

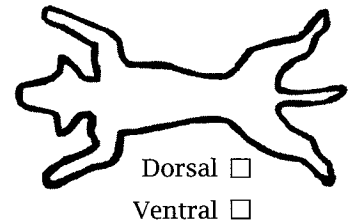
Histology: _____ Cytology: _____

Tissue types submitted: _____

Disease Suspected: _____

What do you *really* want to know? _____

Special Requests or Comments: _____



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B _____ C _____ T



Quality Management System
registered to ISO 9001:2000

