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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: \_\_\_\_\_

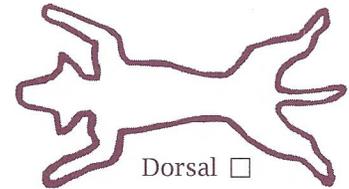
Histology: \_\_\_\_\_ Cytology: \_\_\_\_\_

Tissue types submitted: \_\_\_\_\_

Disease Suspected: \_\_\_\_\_

What do you *really* want to know? \_\_\_\_\_

Special Requests or Comments: \_\_\_\_\_



Dorsal

Ventral

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Quality Management System  
registered to ISO 9001:2000



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