

HISTOPATHOLOGY SUBMISSION FORM



POSTAL ADDRESS:
Horner Court, 637 Gloucester Road
Horfield, Bristol BS7 0BJ



PRACTICE DETAILS

Veterinary practice: _____

Practice address: _____

Tel: _____

Email: _____

CLINICIAN DETAILS

Clinician: _____

If required:

Personal email: _____

Send report to:

Practice email

Personal email

Fax

PATIENT DETAILS

Animal name: _____

Owner name: _____

PMS ref: _____

Species: _____ Age: _____ Sex: _____

Breed _____

VPG SYNLAB USE ONLY

Histology case no.: _____

Date received: _____

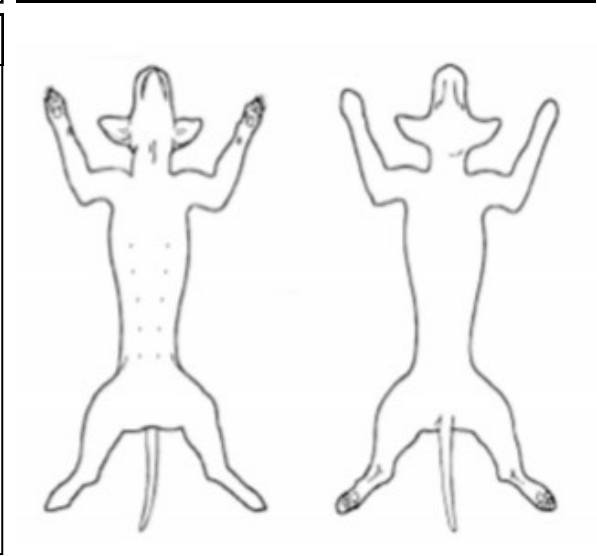
No. of samples: _____

Charge: _____

SAME DAY URGENT	
NEXT DAY PRIORITY	

Number of pots submitted		Suspect Mycobacteria?	
--------------------------	--	-----------------------	--

Tissue submitted (+/- mark diagram)



CLINICAL HISTORY, COMMENTS, DIFFERENTIAL DIAGNOSES, RECENT TREATMENT.

Please note that by submitting this Order Form you are confirming to the best of your knowledge, that you have completed this document accurately and that you have reviewed, understood and accepted the VPG Standard Terms of Business that will apply to any provision of goods or services between the parties (unless otherwise agreed in writing) a copy of which can be found at www.vet.synlab.co.uk

Materials from these submitted tissues may be used for clinical research purposes.
 Please tick here if you specifically do NOT want these tissues to be used for research projects:

T: 0117 951 1283

vpg.histology@synlab.co.uk