VETERINARY MEDICAL TEACHING HOSPITAL
UNIVERSITY OF CALIFORNIA, DAVIS

PATHOLOGY NO.

PATHOLOGY SERVICE REQUEST

DATE TAKEN	PRIMARY CLINICIAN
DATE REC"D	
PATHOLOGIST	SURGEON

BIOPSY TISSUES SUBMITTED:

CHARGE TO:
☐ CLIENT ☐ TA DR. #_____ ☐ GRANT #_____

BIOPSY ☐ (No of jars _____) NECROPSY ☐
☐ Died ☐ Euthanized Date: __/__/___ Time: _____
Agent and Route
(if Euthanized)_____

SPECIAL REQUESTS (e.g., cosmetic, owner, p.u., etc)
☐ SAVE RERMAINS/OWNER P.U.
☐ COSMETIC POST ☐ DOA (NON-VMTH) NECROPSY
☐ RABIES SUSPECT ☐ INSURANCE NECROPSY
☐ FOOD ANIMAL HERD PROBLEM
☐ POSSIBLE ZOONOTIC DISEASE
_____
☐ GROSS EXAM ADEQUATE FOR CLINICAL NEEDS
☐ OTHER:
_____

DO NOT WRITE IN SHADED AREAS

☐ Biopsy (1-2 sample sites)	☐ LA Necropsy
☐ Biopsy (3-5 sample sites)	☐ SA Necropsy
☐ Biopsy (add'l sample sites) x_____	☐ Non-domestic Necropsy
☐ Surgilcal Rush	☐ Insurance Necrospy
☐ Surgical Rush (each add'l) x_____	☐ DOA (Non-VMTH) Necropsy
☐ Referral Slide	☐ Rabies Exam
☐ Aquatic Biopsy	☐ Misc. Pathology Services $_____

☐ TO BE PAGED AT TIME OF NECROPSY Name _____ Pager # _____

Indicate clinical pathological correlations of particular interest to you.

CASE SUMMARY

PAST MEDICAL HISTORY (if relevant) – Prior illness, surgery, immunizations, etc.

PRESENT ILLNESS – Signs, course of disease, physical examination, relevant treatments, etc.

LABORATORY DATA – Narrative summary with significant values cited (attach copies, if necessary)

Clinical diagnosis _____
Student: _____ Clinician signature _____