

## SURGICAL PATHOLOGY REQUEST

University of Wisconsin-Madison  
School of Veterinary Medicine  
Veterinary Medical Teaching Hospital  
2015 Linden Drive  
Madison, Wisconsin 53706

Results:  
Clinical Pathology Laboratory:  
(608) 263-9928  
Technical or general information:  
(608) 263-9936 OR (608) 890-1887

MAIL TO ABOVE ADDRESS, ATTN: CLINICAL PATHOLOGY LABORATORY

DATE: \_\_\_\_\_

### REFERRING VETERINARIAN

Name: \_\_\_\_\_ Clinic phone#: \_\_\_\_\_

Clinic: \_\_\_\_\_ Fax#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone, pager, or other contact: \_\_\_\_\_

E-mail address: \_\_\_\_\_

*Your e-mail address is only used by the pathologist for rapid contact regarding pending results. It is not shared with anyone.*

### OWNER AND PATIENT INFORMATION

Owner name: \_\_\_\_\_

Patient name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age/ Birth date: \_\_\_\_\_

Is this animal a current or past VMTH patient? \_\_\_\_\_

If yes, current or past VMTH clinician or service: \_\_\_\_\_

If previous biopsies have been performed, provide VMTH biopsy number(s) or attach previous report:

### SUBMISSION INFORMATION

Pertinent clinical history (previous disease, physical exam findings, lab work, etc.) (continue on back if needed):

Anatomic location of lesion:



Tissue submitted: