

Histopathology Accession Form



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Account No: _____	Report by: Email <input type="checkbox"/>
Veterinarian: _____	Fax <input type="checkbox"/>
Hospital: _____	Other _____
Phone No: _____	
Fax No: _____	Email: _____

Owner's Name: _____	Date Specimen Taken: _____
Patient Name: _____	

Species -	Breed -	Sex -	Age -
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History (including duration of problem or lesions):

Description of lesions:

Number of tissue samples in container: _____

Labels needed?

(use reverse side as needed)

For lab use only:

Number of tissues - _____ Date received - _____
Gross description - _____

Cassettes - _____ Tissues - _____
Notes - _____

Case No. - _____

Distribution of lesions:

