

Histopathology Accession Form



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Account No: _____
Veterinarian: _____
Hospital: _____
Phone No: _____
Fax No: _____

Report by: Email
Fax
Other _____
Email: _____

Owner's Name: _____
Patient Name: _____

Date Specimen Taken: _____

Species - Breed - Sex - Age -

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:

