# Histopathology / Cytology Submission Form

Veterinary Pathology, the University of Tokyo Date received: / / Pathology No.

#### **CLIENT INFORMATION**

Clinic name: Veterinarian:

# Phone/FAX: E-mail:

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## **ANIMAL INFORMATION**

Owner: Animal name Clinic ID: Species: Breed: Age: Date of birth: Date taken: Sex: Weight:

#### **TISSUE SUBMITTED**

Anatomic location:

## **CLINICAL HISTORY**

General:

# How was it collected:

Description of lesion(s):

# CLINICAL DIAGNOSIS:

**Instructions** 

<sup>·</sup> Package your fixed specimen in a leak-proof container with a wide mouth.

<sup>•</sup> Provide specific gross findings of the lesion(s).

<sup>•</sup> If possible, provide gross pictures of the lesion(s) and other clinical results (e.g. blood tests, x-ray image).