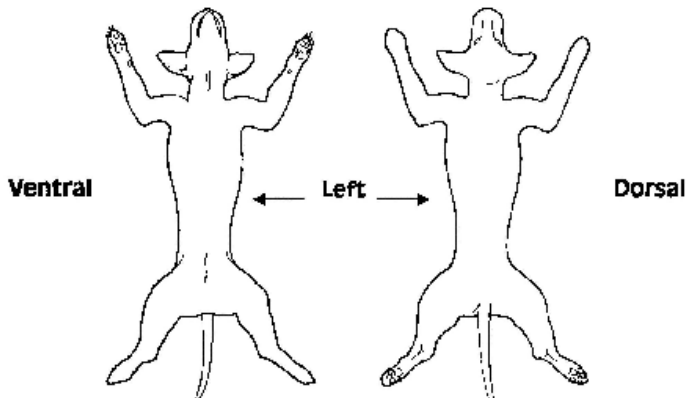


Keystone Veterinary Pathology Submission Form

129 Madison Lane Claysburg, PA 16625
 Phone: 814-239-9222 Fax: 814-239-9210
 www.kvpath.com info@kvpath.com

Date:			Referring Veterinarian:		
Clinic:			Street Address:		
City:			State/Zip Code:		
Phone/Fax:			Email Address:		
Please submit pathology report via (circle one): Fax Email					
Owner's Name:			Patient's Name:		
Age:	Sex: M MN F FS	Species:	Breed:	Color:	
Case History (use back of form if required)					
If Euthanized, what route? Previous Keystone Vet Path Case Number: _____					
Tissue Submitted (<u>Also indicate number of tissues enclosed</u>):					
Shape/Color:			Size: ____ x ____ x ____ cm		
Other gross features of tissue (hard, soft, fluid-filled, cystic, gritty, ulcerated, freely movable, fixed, etc).					
Clinical Diagnosis:					
Please send more: Formalin filled containers (120ml <input type="checkbox"/> 60 ml <input type="checkbox"/>); Cardboard Mailing Boxes <input type="checkbox"/> ; Submission Forms <input type="checkbox"/> ; Zip-lock bags <input type="checkbox"/>					
Location of lesion (indicate on diagram if applicable):					



<u>Official Use Only</u>	
___ Formalin	___ Other
___ Containers	
___ Specimens	
___ x ___ x ___ cm	