

Histopathology Submission Form



Animal Health Diagnostic Center

College of Veterinary Medicine, Cornell University
In Partnership with the NYS Dept of Ag & Markets

Histopathology Contacts
Phone: 607-253-3319
Fax: 607-253-3357
Web: www.vet.cornell.edu/ahdc
E-mail: pathologyservice@cornell.edu

US Postal Service Address: PO Box 5786
Ithaca, NY 14852-5786

FedEx/UPS Service Address: 240 Farrier Rd
Ithaca, NY 14853

LAB USE ONLY

AHDC Accession No./ Date

PLEASE NOTE: SAMPLES SUBMITTED FOR TESTING BECOME THE PROPERTY OF THE ANIMAL HEALTH DIAGNOSTIC CENTER AND MAY BE TESTED AS PART OF STATE/FEDERAL SURVEILLANCE PROGRAMS OR USED FOR RESEARCH

PLEASE COMPLETE ALL FIELDS, PRINT LEGIBLY, AND TYPE OR USE BLACK INK ONLY

AHDC Account _____ <input type="checkbox"/> Check if STAT	Your Internal Case/Reference No. _____
Submitting Veterinarian* _____ Clinic Name _____ Address _____ City, State, Zip _____ Phone No. (____) _____ Email _____ Submitting Vet's Signature: _____	Owner _____ Address _____ City, State, Zip _____ Phone No. (____) _____ County _____ Town _____ NYS Premises ID _____ ATTENTION:

Please check one: Surgical Biopsy (Full Report) Diagnosis Only (Histologic diagnosis but no description of sample submitted. Not available for complex cases)

Please do not use this form for [Dermatohistopathology](#) or [Hepatopathology](#) (liver) service.

ANIMAL IDENTIFICATION					HISTOPATHOLOGY SUBMISSION TYPE	POST MORTEM INTERVAL	DATE SPECIMEN TAKEN
SEX CODES: M=Male, MR=Mare (equine only), MC=Castrated Male, F=Female, SF=Spayed Female AGE CODES: Y=Years, M=Months, W=Weeks, D=Days; DOB=Date of Birth							
ANIMAL NAME / IDENTIFIER NO.	SPECIES	BREED	SEX	AGE/DOB			
					Biopsy <input type="checkbox"/> Post Mortem <input type="checkbox"/>		

HISTORY: *Clinical history required.* Failure to provide adequate history could result in inadequate diagnosis.

General (Clinical presentation, treatment, etc.)

Date: onset of illness: _____

In animals submitted: _____

Herd size: _____

No. dead: _____

No. affected: _____

Description of lesion(s) (Describe location, distribution, size, color, consistency):

Check here if add'l history is on back or attached.

Clinical Diagnosis: _____

Tissues Submitted: _____

Has previous material been submitted for this problem?

YES NO UNKNOWN

If so, enter Date(s): _____

Legal Case (may incur additional fees if checked)

- Fixed tissues will be held for 1 year then disposed

Accession Number (s): _____

* The submitting veterinarian is responsible for the requested tests, fees associated with this submission, and for notifying the owner of test results.

Additional AHDC testing requested:

AHDC USE ONLY OPENED BY: _____	<input type="checkbox"/> FEDEX <input type="checkbox"/> MAIL <input type="checkbox"/> FEDEX-GRND <input type="checkbox"/> PRI MAIL <input type="checkbox"/> UPS-GRND <input type="checkbox"/> EXP MAIL <input type="checkbox"/> UPS-ND <input type="checkbox"/> OTHER: _____	DATE REC'D: _____ TIME REC'D: _____ DATE SHIPPED: _____	<input type="checkbox"/> FROZEN <input type="checkbox"/> DRY ICE <input type="checkbox"/> RM TEMP <input type="checkbox"/> COLD PACK <input type="checkbox"/> COOL <input type="checkbox"/> NONE <input type="checkbox"/> COMMENT: _____
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Histology