

SURGICAL PATHOLOGY/BIOPSY FORM

Indiana Animal Disease Diagnostic Laboratories

ADDL at Purdue University
 406 S University St
 West Lafayette, IN 47907-2065
 P: 765-494-7440 F: 765-494-9181

HEEKE ADDL - SIPAC
 11367 E Purdue Farm Road
 Dubois, IN 47527-9666
 P: 812-678-3401 F: 812-678-3412

ADDL USE ONLY		OPENED BY:
DELIVERED:	ARRIVED:	CONDITION:
<input type="checkbox"/> UPS	<input type="checkbox"/> Chilled	<input type="checkbox"/> Good
<input type="checkbox"/> FedEx	<input type="checkbox"/> Frozen	<input type="checkbox"/> Broken Jar
<input type="checkbox"/> DHL	<input type="checkbox"/> Room Temp	<input type="checkbox"/> Leaked
<input type="checkbox"/> USPS	<input type="checkbox"/> Cold Pack	
<input type="checkbox"/> Exp Mail	<input type="checkbox"/> Dry Ice	
<input type="checkbox"/> Drop-Off	<input type="checkbox"/> None	

ADDL BARCODE

VETERINARIAN:

Name _____
 Indiana License # _____
 Clinic _____
 Address _____
 City, State, ZIP _____
 Phone _____ Fax _____
 Results: Fax Email _____
 Additional Results by:
 Email _____ Fax _____

ANIMAL:

Name/Other ID _____
 Species _____
 Breed _____
 Sex _____ Age ____ day wk mo yr

OWNER:

Name _____
 Address _____
 City, State, ZIP _____
 Phone _____

Bill to Veterinarian Bill to Owner (Phone) _____ Purdue Fund _____
 Bill to Third Party (Name/Phone) _____ RIO/SIO _____

HISTORY/CLINICAL SIGNS: (Include duration, gross lesions, treatments, etc.)

SURGICAL PATHOLOGY

Standard Biopsy Immunohistochemistry (additional charges apply)
 Amputation Evaluation Painted Margin Evaluation
 Whole Organ Evaluation (Submitter paints margins, additional charges apply)

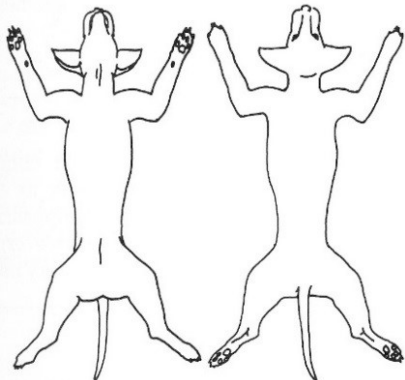
BACTERIOLOGY *Requires unfixed, fresh-chilled specimens*

List suspected pathogen(s):
 Aerobic Culture Antimicrobial Susceptibility
 Anaerobic Culture Fungal Culture

SAMPLES SUBMITTED:

1. _____	Location of Lesion(s)/Sample Site	Size of Lesion			# Samples per Lesion	Entire Lesion Submitted?		Evidence of Metastasis?	
		_____ cm X	_____ cm X	_____ cm		Yes	No	Yes	No
2. _____		_____ cm X	_____ cm X	_____ cm	_____	Yes	No	Yes	No
3. _____		_____ cm X	_____ cm X	_____ cm	_____	Yes	No	Yes	No
4. _____		_____ cm X	_____ cm X	_____ cm	_____	Yes	No	Yes	No
5. _____		_____ cm X	_____ cm X	_____ cm	_____	Yes	No	Yes	No

Indicate lesion location or distribution on diagrams at right



LABORATORY USE ONLY

Jars _____ # Spec _____ # Sect _____ # Slides _____ Technician _____