

## Veterinary Laboratory Services Submission Form

www.liv.ac.uk/vetpathology

<b>Select service(s) required:</b> <input type="checkbox"/> Histopathology <input type="checkbox"/> Cytology <input type="checkbox"/> Bacteriology <input type="checkbox"/> Mycology <input type="checkbox"/> Parasitology <input type="checkbox"/> Other (Please specify below)	<b>Please send samples to:</b>  Veterinary Pathology Diagnostic Service University of Liverpool Leahurst Chester High Road Neston CH64 7TE  Tel. 0151 795 6294 Fax 0151 795 6295	<b>For Laboratory use only</b>						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Path Lab No</td> <td style="width: 50%;"></td> </tr> <tr> <td>Received</td> <td></td> </tr> <tr> <td>Tissue(s)</td> <td></td> </tr> </table>	Path Lab No		Received		Tissue(s)	
Path Lab No								
Received								
Tissue(s)								

Owner Name	Veterinary Surgeon
Animal Name	Hosp. No.
Species	Age
Breed	Sex
Date of Sampling	
Previous Path. Lab. No? L- _____	Practice Name & Address   Phone: _____ Fax: _____ Email: _____

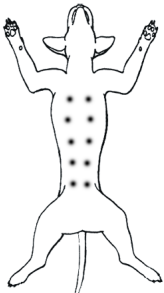
Clinical Features (including treatment)

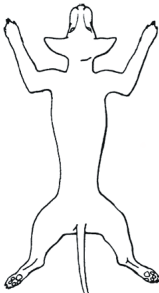
Differential Diagnosis/Clinical Impression

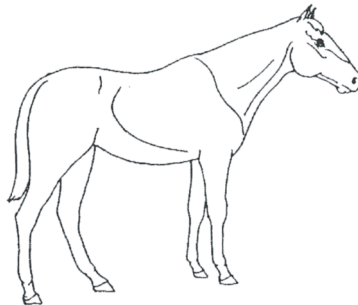
Lesion Distribution - Please indicate lesion location



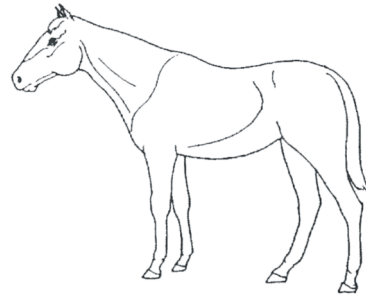
VENTRAL



DORSAL



RIGHT



LEFT

**In submitting this material you agree to its potential use for teaching and/or research.**  
 If you would like to exclude this material from use in teaching / research, please inform us of such at [vpserve@liv.ac.uk](mailto:vpserve@liv.ac.uk) within one month from the date of submission.