



Atlantic Veterinary College
 University of Prince Edward Island
 550 University Avenue
 Charlottetown, PE
 C1A 4P3

Diagnostic Services
 (902)566-0864
 (902)566-0871 (FAX)

Lab Use Only
 AVC Lab #:

Surname: _____ **First Name:** _____

Clinician: _____ **Clinic:** _____

Patient Name: _____ **Sex:** M MC F
 FS UN

Species: _____ **Breed:** _____

Date of Birth: _____ **Collection Date:** _____

Date Received: _____

Surgical Biopsy Submission Form

ORGANS BIOPSIED: <input type="checkbox"/> Skin <input type="checkbox"/> Oral Cavity <input type="checkbox"/> Liver <input type="checkbox"/> Lymph Node <input type="checkbox"/> Stomach <input type="checkbox"/> Spleen <input type="checkbox"/> Intestine <input type="checkbox"/> Other	NUMBER OF SAMPLES SUBMITTED:
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RELEVANT HISTORY (including lesion description):

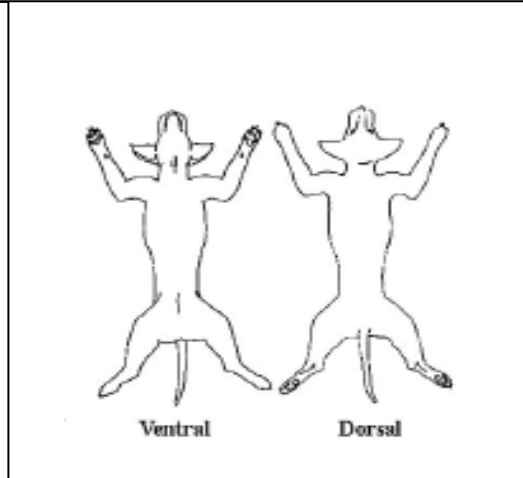
DISEASE(S) SUSPECTED, PRESUMPTIVE CLINICAL DIAGNOSIS:

TREATMENT AND/OR VACCINATION HISTORY:

Additional Testing Requested (Please complete applicable submission form)

PLEASE COMPLETE THE APPROPRIATE BOX FOR TUMORS OR SKIN BIOPSIES: **DISTRIBUTION OF LESIONS:**

<p>Mass(es):</p> <p>Anatomical Location of Mass (+ diagram)</p> <p>_____</p> <p>_____</p> <p>Size of Mass: _____</p> <p><input type="checkbox"/> Single or <input type="checkbox"/> Multiple</p> <p><input type="checkbox"/> Solid or <input type="checkbox"/> Cystic</p> <p><input type="checkbox"/> Freely Movable or <input type="checkbox"/> Firmly Attached</p> <p>How long present?</p> <p>Evidence of Metastasis?</p>	<p>Skin Biopsies:</p> <p>Primary Lesions:</p> <p><input type="checkbox"/> Macule <input type="checkbox"/> Patch <input type="checkbox"/> Papule <input type="checkbox"/> Plaque <input type="checkbox"/> Nodule <input type="checkbox"/> Vesicle <input type="checkbox"/> Bulla <input type="checkbox"/> Pustule <input type="checkbox"/> Wheal <input type="checkbox"/> Tumor</p> <p>Secondary Lesions:</p> <p><input type="checkbox"/> Scale <input type="checkbox"/> Crust <input type="checkbox"/> Epidermal Collarette <input type="checkbox"/> Ulcer <input type="checkbox"/> Erosion <input type="checkbox"/> Excoriation <input type="checkbox"/> Scar <input type="checkbox"/> Callus <input type="checkbox"/> Comedone <input type="checkbox"/> Cyst <input type="checkbox"/> Abscess <input type="checkbox"/> Erythema <input type="checkbox"/> Hypopigmentation <input type="checkbox"/> Hyperpigmentation <input type="checkbox"/> Alopecia (symmetric or asymmetric)</p> <p>Pruritus: <input type="checkbox"/> Yes <input type="checkbox"/> No Parasites: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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BOX TO BE CHECKED IF SUBMITTING VETERINARIAN HAS INDICATED SUBMISSION QUALIFIES FOR P.E.I. PROVINCIAL GOVERNMENT SUBSIDY