

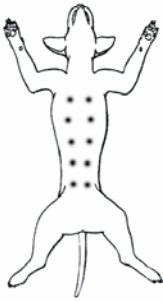
Select service(s) required: <input type="checkbox"/> Histopathology <input type="checkbox"/> Cytology <input type="checkbox"/> Bacteriology <input type="checkbox"/> Mycology <input type="checkbox"/> Parasitology <small>*See footnote</small> <input type="checkbox"/> Other (Please specify below)	Please send samples to: Department of Veterinary Pathology Veterinary Science Building University of Liverpool Crown Street Liverpool L69 7ZJ Tel. 0151-794-4265 Fax 0151-794-4268	For Laboratory use only	
		Path Lab No	
		Received	
		Tissue(s)	

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

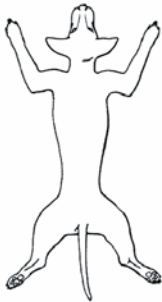
Clinical Features (including treatment)

Differential Diagnosis/Clinical Impression

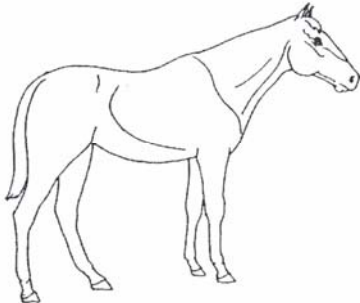
Lesion Distribution - Please indicate lesion location



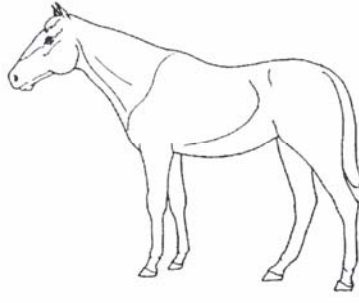
VENTRAL



DORSAL



RIGHT



LEFT

*Please note: Parasitology samples should be sent direct to: Veterinary Parasitology, Liverpool School of Tropical Medicine, Pembroke Place, Liverpool L3 5QA