

# General Pathology Submission Form

**TL VetPath International Consultants**  
**Animal Eye Consultants of Iowa**  
 www.tlvetpath.com

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## Patient's Information

## Clinician's Information

**Patient:**

**Clinician:**

**Owner:**

**Clinics:**

**Species:**

**Address:**

**Breed:**

**Phone:**

**Age:**

**Fax:**

**Gender:**

**E-mail:**

**Date:**

**Previous submissions from this patient? Y N**

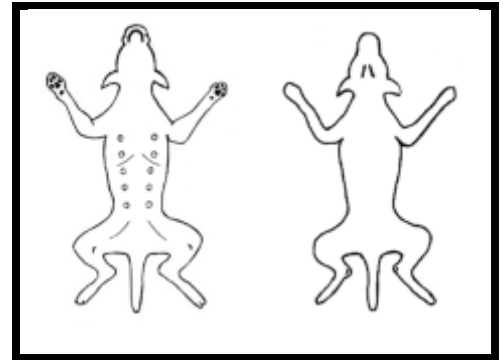
**Date and time of tissue collection:**

**Indicate the type of the tissue or tissues and type of biopsy (incisional, excisional, endoscopic, etc.)**

Tissue	Location	No. of tissues	Type of biopsy
1			
2			
3			
4			
5			

**Indicate if evaluation of surgical margins is needed:**

**Circle the location of the lesion**



**Describe the gross appearance of the lesions, duration of the process, response to the treatment, etc.**

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**Laboratory use only**

	Date	Technician
Tissue received		
Pathology Log		
Pathologists		