

Ophthalmic Pathology Submission Form

TL VetPath International Consultants
Animal Eye Consultants of Iowa
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Patient's Information

Clinician's Information

Patient:

Clinician:

Owner:

Clinics:

Species:

Address:

Breed:

Phone:

Age:

Fax:

Gender:

E-mail:

Date:

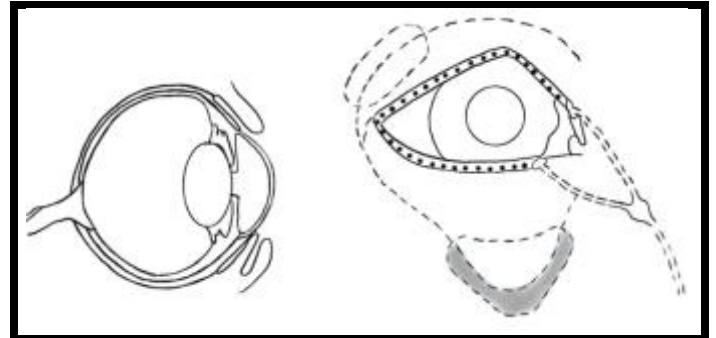
Previous submissions from this patient? Y N

Date and time of tissue collection:

Indicate the type of the tissue or tissues and type of biopsy (incisional, excisional, punch)

Circle the location of the lesion

Tissue	Location	Type of biopsy
1		
2		
3		
4		



Is evaluation of surgical margins needed?

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

Laboratory use only

	Date	Technician
Tissue received		
Pathology Log		
Pathologists		