

Request for Histological Services NOT Requiring a Report or Interpretation

VETERINARIAN:

Name _____
 Indiana License # _____
 Clinic _____
 Address _____
 City, State, ZIP _____
 Phone _____ Email _____
 Species _____

ADDL at Purdue University

406 S University St
 West Lafayette, IN 47907-2065
 P: 765-494-7440 F: 765-494-9181

PVH SERVICE AREA:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> SA Medicine | <input type="checkbox"/> Ophthalmology |
| <input type="checkbox"/> SA Surgery | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> LA Medicine | <input type="checkbox"/> Community Practice |
| <input type="checkbox"/> LA Surgery | <input type="checkbox"/> ECC |
| <input type="checkbox"/> Ambulatory | <input type="checkbox"/> Other (specify) _____ |

Date Requested _____

Clinician _____

Fund/Cost Center/SIO _____

ADDL BARCODE

or
 PVH ID STICKER

This form is to be used ONLY for submissions to the histology laboratory that do not require a pathology report or interpretation. All other requests should be submitted on the Surgical Pathology/ Biopsy Submission Form - CF.754 (or CF.894 - PVH).

Will this work be used for publication?*** YES NO The purpose of this case is for: DIAGNOSTIC RESEARCH

Submitting	Items for ADDL Histology Lab to Prepare
<input type="checkbox"/> Previous Case at ADDL ADDL Case Number _____ ADDL Pathologist _____	Block # _____ Please indicate the block # / tissue / lesion to be cut. <input type="checkbox"/> Unstained Slide, Quantity _____ <input type="checkbox"/> H&E Slide, Quantity _____ <input type="checkbox"/> Histochemical _____ <input type="checkbox"/> Immunohistochemical* _____ Negative Controls** <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Scrolls (FFPE Scrolls for PCR)
<input type="checkbox"/> External Samples <input type="checkbox"/> Fixed Tissue (in formalin) <input type="checkbox"/> Blocks <input type="checkbox"/> FFPE Slides <input type="checkbox"/> Smears - Fixed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Block Only, Quantity _____ <input type="checkbox"/> Unstained Slide, Quantity _____ <input type="checkbox"/> H&E Slide, Quantity _____ <input type="checkbox"/> Histochemical _____ <input type="checkbox"/> Immunohistochemical* _____ Negative Controls** <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Scrolls (FFPE Scrolls for PCR)

FINAL AMOUNT BILLED

*To see the list of immunohistochemical stains offered, visit <https://vet.purdue.edu/addl/immunohistochemistry.php>

**Charges for non-diagnostic IHC requests are per slide (negative control not included). Indicate if you want a negative control.

***If the case was reported by an ADDL pathologist, they or an ADDL designee will approve the request before testing is performed.

Date completed in Histology lab _____ **Date delivered to ClinPath lab** _____

The owner of the animal or any agent acting with the express authority of the owner agrees that the specimens have been submitted to ADDL and will be handled by ADDL in accordance with ADDL testing procedures, policies, and fees. This handling will include all specified testing and safe disposal of the animal's remains. Specimens and derived isolates become the property of the Indiana ADDL and may be used for teaching or research purposes. The owner expressly consents to such use. In addition to the testing specified above, additional testing may be done: 1) to meet state or federal surveillance programs, 2) by order of state or federal animal health officials, or 3) when a Foreign Animal Disease is suspected. This form only lists frequently requested tests. For the complete list of tests, consult the ADDL Fee Schedule.