

# SURGICAL PATHOLOGY/BIOPSY FORM

## Indiana Animal Disease Diagnostic Laboratories

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

**HEEKE ADDL - SIPAC**  
 11367 E Purdue Farm Road  
 Dubois, IN 47527-9666  
 P: 812-678-3401 F: 812-678-3412

ADDL USE ONLY		OPENED BY:
<b>DELIVERED:</b>	<b>ARRIVED:</b>	<b>CONDITION:</b>
<input type="checkbox"/> UPS	<input type="checkbox"/> Chilled	<input type="checkbox"/> Good
<input type="checkbox"/> FedEx	<input type="checkbox"/> Frozen	<input type="checkbox"/> Broken Jar
<input type="checkbox"/> DHL	<input type="checkbox"/> Room Temp	<input type="checkbox"/> Leaked
<input type="checkbox"/> USPS	<input type="checkbox"/> Cold Pack	
<input type="checkbox"/> Exp Mail	<input type="checkbox"/> Dry Ice	
<input type="checkbox"/> Drop-Off	<input type="checkbox"/> None	

ADDL BARCODE

**VETERINARIAN:**

Name \_\_\_\_\_  
 Indiana License # \_\_\_\_\_  
 Clinic \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Results:  Fax  Email \_\_\_\_\_  
 Additional Results by:  
 Email \_\_\_\_\_ Fax \_\_\_\_\_

**ANIMAL:**

Name/Other ID \_\_\_\_\_  
 Species \_\_\_\_\_  
 Breed \_\_\_\_\_  
 Sex \_\_\_\_\_ Age \_\_\_\_ day wk mo yr

**OWNER:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_

Bill to Veterinarian  Bill to Owner (Phone) \_\_\_\_\_ Purdue Fund \_\_\_\_\_  
 Bill to Third Party (Name/Phone) \_\_\_\_\_ RIO/SIO \_\_\_\_\_

**HISTORY/CLINICAL SIGNS:** (Include duration, gross lesions, treatments, etc.)

**SURGICAL PATHOLOGY**

Standard Biopsy  Immunohistochemistry (additional charges apply)  
 Large Specimen (limb, splenic mass, etc.)  Painted Margin Evaluation (Submitter paints margins, additional charges apply)

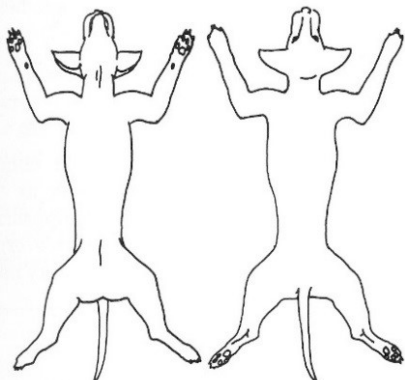
**BACTERIOLOGY** \*Requires unfixed, fresh-chilled specimens\*

List suspected pathogen(s):  
 \_\_\_\_\_ Aerobic Culture  \_\_\_\_\_ Antimicrobial Susceptibility  
 \_\_\_\_\_ Anaerobic Culture  \_\_\_\_\_ Fungal Culture

**SAMPLES SUBMITTED:**

Location of Lesion(s)/Sample Site	Size of Lesion	# Samples per Lesion	Entire Lesion Submitted?		Evidence of Metastasis?	
			Yes	No	Yes	No
1. _____	____ cm X ____ cm X ____ cm	____	Yes	No	Yes	No
2. _____	____ cm X ____ cm X ____ cm	____	Yes	No	Yes	No
3. _____	____ cm X ____ cm X ____ cm	____	Yes	No	Yes	No
4. _____	____ cm X ____ cm X ____ cm	____	Yes	No	Yes	No
5. _____	____ cm X ____ cm X ____ cm	____	Yes	No	Yes	No

Indicate lesion location or distribution on diagrams at right



**LABORATORY USE ONLY**

# Jars \_\_\_\_\_ # Spec \_\_\_\_\_ # Sect \_\_\_\_\_ # Slides \_\_\_\_\_ Technician \_\_\_\_\_