

OPHTHALMIC HISTOPATHOLOGY SUBMISSION FORM

Practice Details _____ Practice No.

_____ Phone _____

_____ Fax _____

Vet Name _____ Email _____

Signature _____ Date _____



**Veterinary Pathology
Laboratory**

PO Box 24 Ledbury
Herefordshire HR8 2YD
Tel: 01531 63 00 63
Fax: 01531 63 00 33

Owner Name _____ Animal Name _____

Address / ID No. _____

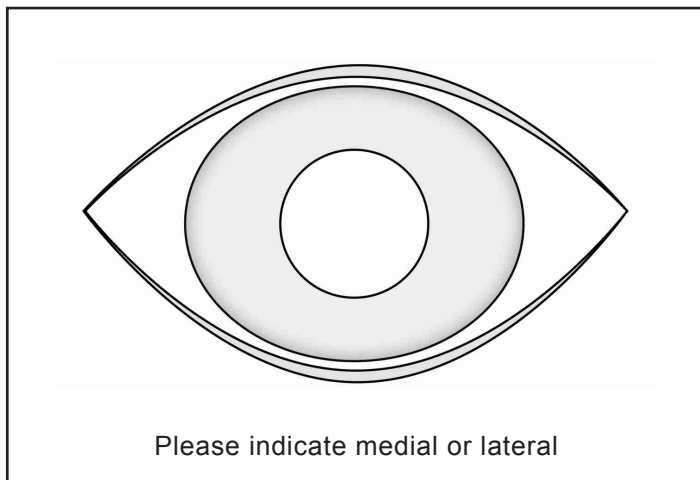
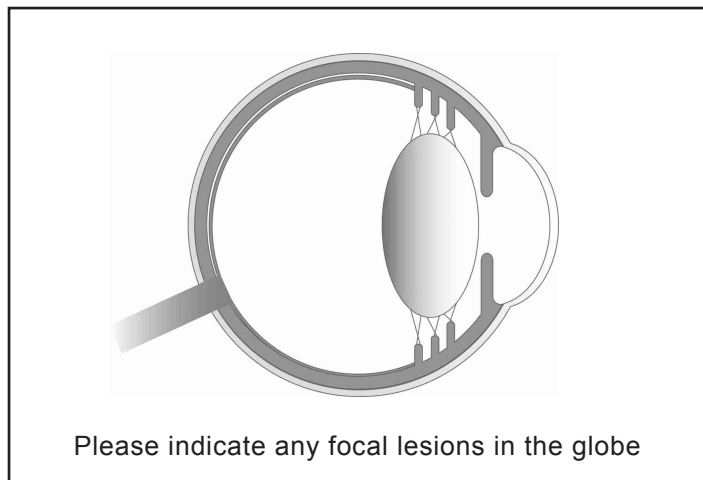
Species _____ Breed _____ Age _____ Sex _____

A. LESION / TISSUE DESCRIPTION

Whole globe Left Right

Evisceration sample Left Right

Biopsy sample Incisional Excisional Site(s): _____ No. of pieces:



B. CLINICAL HISTORY AND DIFFERENTIAL DIAGNOSES

Iris colour: _____

Glaucoma? No Yes Intraocular pressure (IOP): _____ Duration: _____

Other information: _____

Q. Any previous recent treatment? No Yes - Give Details _____

Q. Any other tests performed? No Yes - Give Details / Results _____

Q. Copy slide required (additional fee applies)? Yes

■ SUPPLIES Slide Holders Submission Forms Pre Paid Envelopes Other (please specify) _____