



Animal Dermatology Clinic

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DERMATOPATHOLOGY REQUEST FORM

SHIP SAMPLE(S) TO:
Harris Histology Services
2852 Walnut Ave. Unit G
Tustin, CA 92780

Send samples via trackable shipping service. Direct all questions or requests to dermatopathology@adcmg.com.

DERMATOPATHOLOGY TEST REQUEST

Fee

Dermatopathology Interpretation and Report. Up to three sections on one slide – multiple sites may necessitate multiple slides. Telephone consultation regarding results is available if needed.	\$100
Additional Tissue/Container. Per each additional sample submitted in a separate container	\$24
Second Opinion Interpretation	\$80
Special Stain (if recommended by the pathologist)	\$30
Special Stain Request _____	\$30
IHC Stain (if recommended by the pathologist)*	\$85 to \$135
Each Additional IHC Stain*	\$49 to \$80
PARR (if recommended by the pathologist)	\$275

*IHC pricing varies based on outside laboratory staining fees. Please call or email us for case specific pricing

Accession Number (FOR LAB USE ONLY)

Pending Special Stains

PAS Acid-fast GMS Other(s): _____

SUBMITTER INFORMATION

REFERRING VETERINARIAN _____

CLINIC _____

CLINIC ADDRESS _____

PHONE _____

FAX _____

EMAIL _____

SEND RESULTS TO : Email Fax

PATIENT INFORMATION

CLIENT NAME _____

PATIENT NAME _____

BREED _____

SEX _____

AGE _____

COLOR _____

CLINICAL HISTORY: Please complete the below OR attach last SOAP

Clinical Diagnosis: _____

Please check all that apply: Pruritus Symmetrical Erythema

Vesicles Hypotrichosis Hyperpigmentation Macule

Scale Scar Fissure Patch Papules Plaque

Pustules Wheal Nodule Cyst Alopecia Crust

Casts Comedo Depigmentation Excoriation Erosion

Ulcer Lichenification Callus Epidermal collarette

SAMPLE LOCATION: PLEASE DESCRIBE LOCATION AND NOTE CONTAINER NUMBER ON ID CHART AND CONTAINER

Container 1 (see below for multisite biopsies): _____

DATE SPECIMEN TAKEN: _____

Site: _____

NUMBER OF SITES SUBMITTED: _____

Site: _____

Site: _____

Site: _____

Site: _____

Container 2: _____

Container 3: _____

Container 4: _____

Container 5: _____

Additional Containers: _____

