



# HISTOPATHOLOGY REQUEST FORM

(949) 779-2996

SHIP SAMPLE(S) TO:

West Coast:  
Pathwood Veterinary Laboratories  
1415 NE 123<sup>rd</sup> St.  
Seattle, WA 98125

East Coast:  
Biosphere Lab (Attn: Dr. Biswell)  
11700 Commonwealth Dr. Suite 200  
Louisville, KY 40299

Send samples via trackable shipping service

949-779-2996

dermatopathology@adcmg.com

M. Kelly Keating, DVM, DACVP, DACVD  
Wayne Rosenkrantz, DVM, DACVD

## HISTOPATHOLOGY TEST REQUEST

### Fee

- Histopathology** (includes one of the following) \$172
  - Dermatopathology: up to 4 punch biopsies (≤ 6 mm) in one formalin jar. Special stains included at no additional fee at the pathologist discretion.
  - 1-2 small masses (≤ 8 mm) in one formalin jar
  - 1 large mass (> 8 mm)
- Additional Tissue** Additional tissue charge including punch biopsies in separate jars or additional masses. \$45  
*This is a per jar fee.*
- Second Opinion Interpretation** (send 1 stained and 4 unstained slides; or the FFPE block) \$122
- Special Stain Request** (pre-ordered) \$44.50/ea
  - PAS  Acid- Fast  GMS  Other (s): \_\_\_\_\_
- IHC Stain** (if recommended by the pathologist)\* \$98 - 196
- PARR/Clonality** (if recommended by the pathologist)\* \$140 - 362
- Pathologist Requested**
  - Keating  Rosenkrantz  No Preference

Telephone consultation available upon request.

\*IHC pricing varies based on outside laboratory stains, an estimate will be provided.

By submitting this sample, you acknowledge and consent that photographs or images of the biopsy may be used for educational, teaching, or research purposes, with all reasonable efforts made to maintain patient confidentiality. If you wish to opt out, please check this box.

ACCESSION NUMBER (FOR LAB USE ONLY) \_\_\_\_\_

TRACKING NUMBER \_\_\_\_\_

## SUBMITTER INFORMATION

Referring Veterinarian: \_\_\_\_\_

Clinic: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email (for results): \_\_\_\_\_

Email (for invoicing, if different): \_\_\_\_\_

## PATIENT INFORMATION

Client Last Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_

Patient history included/attached?  Yes  No

Photos? (encouraged)  Yes  No

Digital records and photos can be emailed to [dermatopathology@adcmg.com](mailto:dermatopathology@adcmg.com)

## CLINIC HISTORY

 Please complete information 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
- Ulcer
- Excoriation
- Erosion
- Lichenification
- Callus
- Epidermal collarette

Additional Information: \_\_\_\_\_

## SAMPLE LOCATION:

 Please describe location and not container number on ID chart and container

Container 1 (see below for multisite biopsies): \_\_\_\_\_

Site: \_\_\_\_\_

Site: \_\_\_\_\_

Site: \_\_\_\_\_

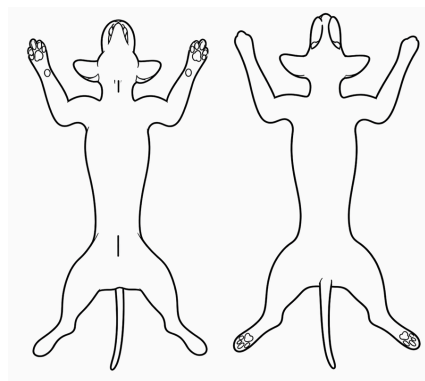
Site: \_\_\_\_\_

Container 2: \_\_\_\_\_

Container 3: \_\_\_\_\_

Container 4: \_\_\_\_\_

Additional Containers: \_\_\_\_\_



Date Specimen Taken: \_\_\_\_\_

# of Sites Submitted: \_\_\_\_\_