

**VETERINARY DIAGNOSTIC CENTER
Surgical Pathology Submission Form**

Office Use Only

FRM-VDC-018 1.0

Accession Number		
Date Rec'd	Case Coordinator	Referral No.
Effective Date	Review Date	
09Aug2019	30Dec2020	

Mailing Address: P.O. Box 82646
Lincoln, NE 68501-2646
Phone: (402) 472-1434
Fax: (402) 472-3094
Delivery Address:
4040 East Campus Loop North
Lincoln, NE 68583-0907
E-mail: vdc@unl.edu
Website: <https://vbms.unl.edu/nvdl>

Client/Account #	PO or UNL Cost Object	Owner:
Clinic:	Veterinarian:	Address:
Address:	City:	State: Zip:
City:	State: Zip:	Phone: Owner Fax:
Phone:	Fax:	E-mail Address:
E-mail Address:	Send Results By: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail Date Mailed:	

Report Results to: Veterinarian Owner/Producer **Person to be Billed:** Veterinarian Owner/Producer PIN# _____

Third Party Bill Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Species _____ Breed _____ Sex M F NM SF Age _____

Specimen _____ Animal ID _____ Previous Case # _____

Incisional Excisional Punch Size _____ cm X _____ cm X _____ cm

NEOPLASMS

Location: _____

Description: _____

Growth Pattern & Rate: _____

Duration: _____

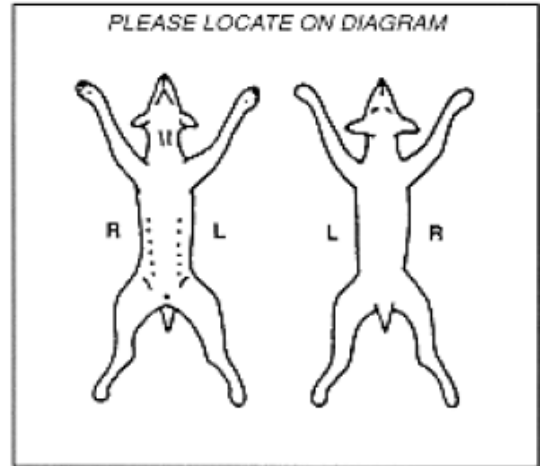
DERMATITIS CASES

Duration: _____

Pruritic Non- Pruritic

Distribution: (Locate on drawing)

Clinical Signs: _____



Treatment & Response: _____

For Laboratory Use Only

of biopsies or masses _____ # of sites _____ Grossed by _____

of blocks _____ # of pieces grossed _____ Date grossed _____

Short Run Microwave Run Overnight Run All Submitted

Laboratory Comments
