

**Veterinary Diagnostic Center
Surgical Pathology Submission Form**

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Lincoln NE 68583-0907

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Opened/Rec'd by:	Copies of this form are located in rooms 230 and 238 and on the NVDC's Website		
Accession Number			
Date Rec'd	Case Coordinator	Referral No.	
Effective Date		Review Date	
05Aug2023		05Aug2024	

Client/Account #:	PO or UNL Cost Object:	Date Mailed:	Send Results By: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email		
Clinic:	Veterinarian:	Owner:			
Address:		Address:			
City:	State:	ZIP:	City:	State:	ZIP:
Phone:	Fax:	Phone:	Fax:		
Email Address:		Email Address:			
Report Results To: <input type="checkbox"/> Veterinarian <input type="checkbox"/> Owner/Producer		Person To Be Billed: <input type="checkbox"/> Veterinarian <input type="checkbox"/> Owner/Producer		Premise ID:	
<input type="checkbox"/> Third Party Bill	Name:	Address:	City:	State:	ZIP:

Animal Information Section

Species:	Breed:	Age:	Animal ID:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N <input type="checkbox"/> S
Specimen:	<input type="checkbox"/> Incisional <input type="checkbox"/> Excisional <input type="checkbox"/> Punch	Size: cm X cm X cm	Previous Case #:	

Multiple jars submitted? Y: How many? N

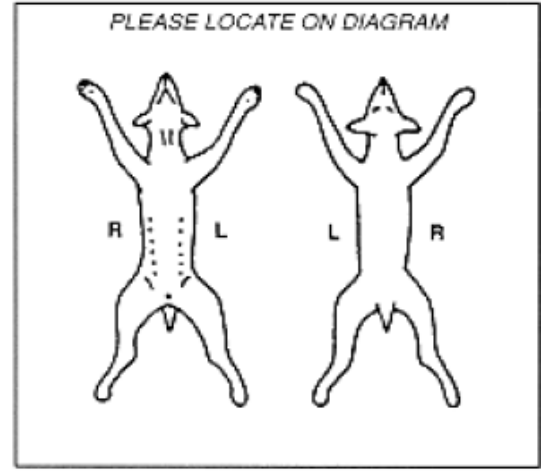
Neoplasms

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 _____
<input type="checkbox"/> Short Run <input type="checkbox"/> Microwave Run	<input type="checkbox"/> Overnight Run	<input type="checkbox"/> All Submitted

Laboratory Comments: