

**Veterinary Diagnostic Center  
Surgical Pathology Submission Form**

Mailing Address: PO Box 82646  
Lincoln NE 68501-2646

Phone: 402-472-1434

Delivery Address: 4040 East Campus Loop North  
Lincoln NE 68583-0907

Email: [vdc2@unl.edu](mailto:vdc2@unl.edu)

<https://vbms.unl.edu/nvdl>

Opened/Rec'd by:	Copies of this form are located in room 238 and on the NVDC's website		
Accession Number			
Date Rec'd	Case Coordinator	Referral No.	
<b>Effective Date</b>		<b>Review Date</b>	
<b>25Mar2024</b>		<b>25Mar2025</b>	

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**

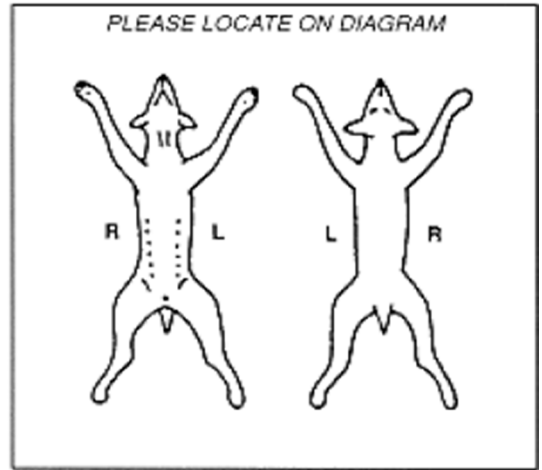
**Neoplasms**

Location:

Description:

Growth Pattern & Rate:

Duration:



**Dermatitis Cases**

Duration:

Pruritic  Non-Pruritic

Distribution (Locate on drawing)

Clinical Signs:

Treatment & Response:



All supply orders should be submitted online at <https://vbms.unl.edu/Supply-Order-Form>



With this submission, I agree to abide by the policies of the NVDC. <https://vbms.unl.edu/nvdc-general-policies>

**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: