

**Veterinary Diagnostic Center
Surgical Pathology Submission Form**

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.	
Effective Date		Review Date	
25Mar2025		25Mar2026	

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
https://vbms.unl.edu/nvdc/

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

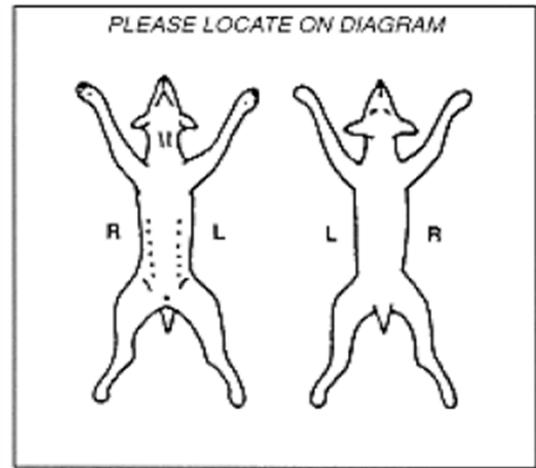
Neoplasms

Location:

Description:

Growth Pattern & Rate:

Duration:



Dermatitis Cases

Duration: Pruritic Non-Pruritic

Clinical Signs: _____

Treatment & Response: _____

Distribution (Locate on drawing) _____



All supply orders should be submitted online.



With this submission, I agree to abide by the policies of the NVDC.

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: