Diagnostic Laboratory System
www.labs.alabama.gov
Thompson Bishop Sparks State Diagnostic Lab
890 Simms Rd
Auburn, Al 36832
Ph: (334) 844-4987
Fx: (334) 844-7206

Biopsy/Dermatopathology Submission Form

AVDL ACCESSION #:	
DATE RECEIVED:	
CASE COORDINATOR:	
☐ **CHARGE** ☐ **N/C PAID:** ☐ **CASH** ☐ **CHECK #:**	
Auburn Lab Tech Initials	
☐ **USPS** ☐**UPS** ☐**FEDEX** ☐**OTHER:**	
Submitted by: ☐Veterinarian ☐ Owner ☐Other:	

** ALL submitted samples become the property of TBSSDL. Some testing may be subcontracted or referred out to qualified laboratories. You will be contacted for permission if this will incur further charges. TBSSDL no longer offers cytology. Please send samples directly to Auburn CVM Clinical Pathology Service. **

Veterinarian	Owner
Clinic	County
Address	Address
City State Zip	City State Zip
Phone	Phone Fax
Fax	Email
Email	Previous Case #
Report to: ☐ **Vet** ☐ **Own** ☐ **Other:**	**Bill to:** ☐ **Vet** ☐ **Own** ☐ **Other:**
Report Preference: ☐ **Email** ☐ **Fax** ☐ **Mail**	**Bill Preference:** ☐ **Email** ☐ **Fax** ☐ **Mail**

Specimen: ☐ **Fixed Tissue, Single** ☐ **Fixed Tissue, Multiple** ☐ **Fresh Tissue, Single** ☐ **Fresh Tissue, Multiple**

Animal Name/ID	**Species**	
Breed	**Sex**	**Age**

☒ Please Mark All that Apply

*** Liver copper levels require submission of fresh (unfixed) liver and incur an additional cost: $10.00) ***
****Completeness of excision can only be assessed for excisional biopsies (masses submitted whole) ****

					(Lab Use Only)
☐ **Skin** ☐ Single Mass ☐ Multiple Masses ☐ Entire Digit ☐ Derm Case ☐ **Oral** ☐ Single ☐ Multiple	☐ **Spleen** ☐ Whole ☐ Mass ☐ **GI** ☐ Endoscopic ☐ Exploratory ☐ **Lymph Node** ☐ Single ☐ Multiple	☐ **Liver** ☐ Mass ☐ Lobe ☐ Panel for Liver Disease (includes extra stains: Copper, Iron Trichrome, Reticulin And Copper Levels*)	☐ **Other** _____ ☐ **Assess for Completeness of excision**** ☐ **YES** ☐ **NO**	☐ **Additional Tests (Fresh Tissue)** ☐ **Culture** ☐ Aerobic ☐ Anaerobic ☐ Fungal ☐ **Other Tests** _____	....

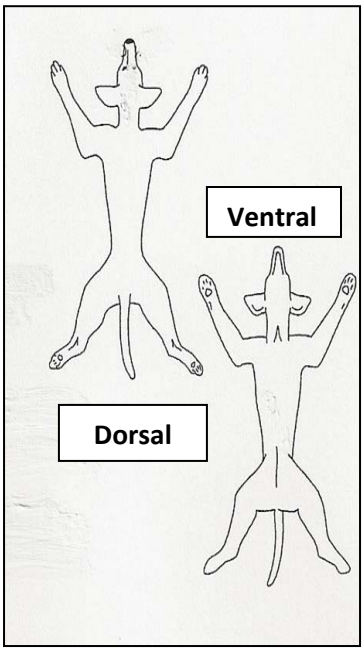
Location (for each tissue submitted):

Distribution (single area, trunk and tailhead, generalized etc.):

Description (crusts, pustules, invasive, pedunculated, etc.):

Duration (if known):
Additional Relevant Clinical History/Treatment:

Clinical Diagnosis/Differential: _____



Print Name:_____Signature:_____Date:_____