



DIAGNOSTIC SERVICE

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**Specimen Reception
(room 1249)**

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Saint-Hyacinthe J2S 2M2
www.medvet.umontreal.ca

REQUEST FORM
Histopathology

Laboratory use only

No. de dossier : _____

Reçu le : _____

Heure : _____

Ext. Int. Rech.

ANIMAL/OWNER INFORMATION

Animal ID : _____

Species : _____ Age : _____

Breed : _____ Color : _____

Sex : F FS M MN

Your reference #: _____

Owner ID : _____

Address : _____

Ph. : _____

BILLING INFORMATION

Submitting Veterinarian : _____

Clinic Name : _____

Address : _____

Ph. : _____ Fax : _____

Email : _____

SAMPLE INFORMATION

Submission date : _____

Clinical diagnosis : _____

BIOPSY & NECROPSY TISSUE(S)

Clinical History (previous test results) : _____

Specimen submitted : whole mass portion of mass _____

Location and Description of lesions (see diagram on reverse) : _____

Size, shape and consistency : _____

Adhesion to surrounding tissues : yes no

Type of growth : infiltrating expansive hypertrophic regional node

DERMOPATHOLOGY

Number of samples : _____

Location of lesions (see diagram on reverse): _____

Duration of the problem : _____

Description of lesions (see diagram on reverse) : _____

Previous treatments and response : _____

Current medication : _____

Additional exams and results : _____

Pruritus : yes no intensity : _____

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No. de dossier : _____

MARGINS

- CRANIAL red
- CAUDAL yellow
- PROXIMAL DORSAL blue
- DISTAL VENTRAL green
- LATERAL red or blue
- MEDIAL yellow or green
- DEEP black

