



Veterinary Diagnostic Laboratories  
School of Veterinary Medicine  
UCD Belfield  
Dublin 4  
E: [ucdvetlab@ucd.ie](mailto:ucdvetlab@ucd.ie)

Histopathology (biopsy): (01 7166162)

**Lab only**

Date received:

Lab no:

VS number:

# Histopathology Submission Form

Vet Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Animal Name/ID/tag no: \_\_\_\_\_

Species: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

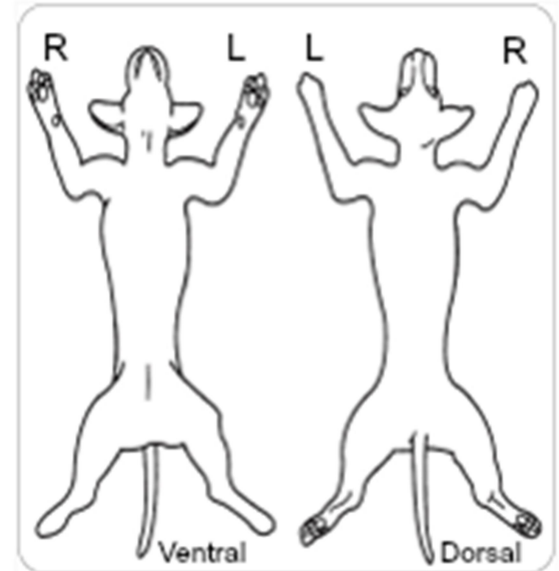
Neutered: Yes  No

Date biopsy taken: \_\_\_\_\_

Tissues to be submitted in 10% formalin. Please see page 4 of our catalogue for correct packaging instructions. Formalin pots are available on request.

Volume of tissue: volume of formalin 1: >10

Samples submitted (list below and mark biopsy location on diagram)



Clinical History (including clinical signs, lab and/or imaging data, current medications etc.). Please do not leave this box blank.

Include photos of lesion if possible

Gross Lesion Description (location, distribution, size, consistency etc.)