



LAB ANIMAL TISSUE SUBMISSION FORM

PLEASE USE CAPITAL LETTERS

Pathological number: _____

Purchase Order Number: _____

Please complete a purchase order before submitting samples

Referral's case number: _____

Species _____ Breed _____.

Name _____ . Age _____ . Gender: F () M () Entire () Neutered () Unknown ()

Clinician: _____.

Address: _____.

Phone number: _____ **E-mail address:** _____.

Owner: _____.

Tissue / organ(s) submitted _____

1 tissue 2-4 tissues > 5 tissues Whole mouse / rat Monkey/other _____ (specify)

Date and time taken: _____.

Fresh tissue () Fixed tissue () Fixative: _____.

Relevant clinical history (clinical signs, significant haematology and biochemistry, radiology, therapy, duration. Lesion or tissue description: size, shape, colour, appearance and distribution):

Special concerns (Requests, rule outs, procedures):

Urgent () **Routine** ()

Submitting clinician / person (Print name and signature): _____ **Date and time:** _____

Person and/or area to send the report to (email address): _____

Note: I confirm that the owner is aware and has given consent that tissues may be retained for use for educational and/or research purposes. Specimens submitted to the Department of Veterinary Medicine are owned by the University of Cambridge, UK and will not be returned to the client unless arrangements were made prior to submission.

PATHOLOGY USE ONLY

Specimen gross description

Date and time received _____

NOTES (Bone tissue, not fixed)