

**NORTH CAROLINA VETERINARY
DIAGNOSTIC LABORATORY SYSTEM**

SURGICAL BIOPSY and CYTOLOGY SUBMISSION FORM

(Not for General Submissions or Avian Submissions)



For Laboratory Use Only

Date received: _____ **Time received:** _____ **Staff initials:** _____ **Coolant record:** *Frozen Cold pack None* **Number of Samples:** _____
Delivery: *UPS FEDEX Overnight drop off Hand delivery* (name) _____ **Sample condition:** *Good Broken Leaked Crushed*
Comments: _____ **Payment:** *Billed Paid* (\$ _____)
Received: _____ **For Lab Use Only**

Account #: _____ <input type="checkbox"/> Bill to	Owner: _____
Clinic name/company: _____	Farm name: _____ Location: _____
Veterinarian/contact: _____	Address: _____
Address: _____	City: _____ State: _____ Zip: _____
City: _____ State: _____ Zip: _____	County: _____ Premise ID: _____
Phone: _____ Fax: _____	Phone (Home): _____ Cell/Work: _____
E-mail: _____	Fax: _____ Email: _____
Send final results by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> On-line only	

Animal ID/Name: _____ **Species:** _____ **Breed:** _____ **Age:** _____ **Sex:** M F NM NF

BIOPSY _____ **Type of Biopsy:** Excision Punch Tru-cut Other **Site:** _____

CYTOLOGY _____ **Site or type of fluid:** _____

Please check if culture of the biopsy or cytology sample is desired:

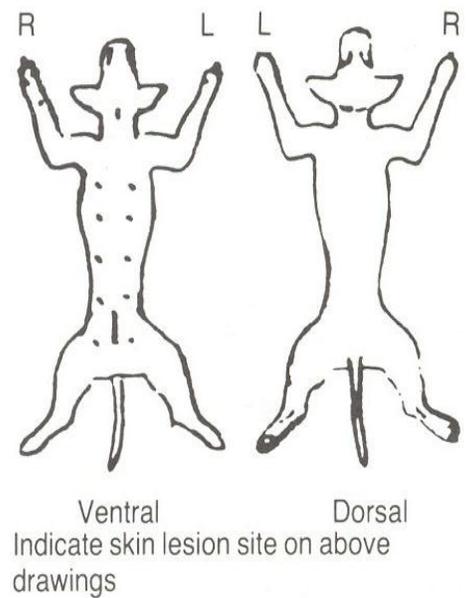
Aerobic bacterial culture Susceptibility Anaerobic bacterial culture Fungal culture

Previous Accession # for this mass/lesion/cytology: _____

History (Required information includes location, duration, and size of mass along with treatments used): _____

Treatments: _____

Tentative or differential diagnoses: _____



- | | | | |
|---|---|--|--|
| Rollins Laboratory
FedEx/UPS: 2101 Blue Ridge Rd.
Raleigh, NC 27607
US Mail: 1031 Mail Service Center
Raleigh, NC 27699-1031
Phone: (919) 733-3986
Fax: (919) 733-0454 | Western Laboratory (Arden)
FedEx/UPS: 785 Airport Rd.
Fletcher, NC 28732
US Mail: PO Box 279
Arden, NC 28704
Phone: (828) 684-8188
Fax: (828) 687-3574 | Northwestern Laboratory
FedEx/UPS: 1689 N. Bridge St.
Elkin, NC 28621
US Mail: 1689 N. Bridge St.
Elkin, NC 28621
Phone: (336) 526-2499
Fax: (336) 526-2603 | Griffin Laboratory
FedEx/UPS: 401 Quarry Rd.
Monroe, NC 28112
US Mail: PO Box 2183
Monroe, NC 28111
Phone: (704) 289-6448
Fax: (704) 283-9660 |
|---|---|--|--|

This submission form is a legal binding contract between NCVCLS and the submitter. All fees incurred are the responsibility of the submitter

Please Note: Specimens submitted for testing become the property of NCVCLS