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 status:** *Frozen Cold Warm None* **Number of Samples/Jars:**_____

Delivery: *UPS FEDEX Overnight drop off Hand delivery (name)*_____ **Sample condition:** *Good Broken Leaked Crushed*

Payment: *Billed Paid ($_____)*

Receipt # _____ **Check #** _____ **Auth #** _____ **For Lab Use Only**

Account #: _____ ☐ Bill to

Clinic name/company: _____

Veterinarian/contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Send results by: ☐ Fax ☐ Email ☐ Mail

Owner: _____

Farm name: _____ Location: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Premise ID: _____

Phone (Home): _____ Cell/Work: _____

Fax: _____ Email: _____

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

BIOPSY: ☐ **Type of Biopsy:** ☐ Excisional ☐ Incisional ☐ Other **Site:**_____

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

Please check if culture is desired ***(Fixed specimens/EDTA tubes are not acceptable for culture.)*****:**

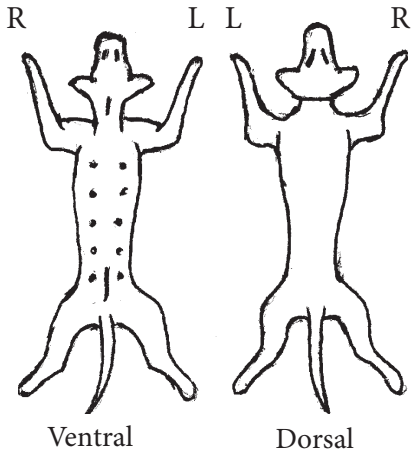
☐ Aerobic bacterial culture ☐ Susceptibility ☐ Anaerobic bacterial culture ☐ Fungal culture

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: _____



Indicate skin lesion site on above drawings

Rollins Laboratory
FedEx/UPS: 4400 Reedy Creek 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/US Mail:
785 Airport Rd.
Fletcher, NC 27832
Phone: (828) 684-8188
Fax: (828) 687-3574

Northwestern Laboratory
FedEx/UPS/US Mail:
1689 N. Bridge St.
Elkin, NC 28621
Phone: (336) 526-2499
Fax: (336) 526-2603

Griffin Laboratory
FedEx/UPS/US Mail:
401 Quarry Rd.
Monroe, NC 28112
Phone: (704) 289-6448
Fax: (704) 283-9660

This submission form is a legal binding contract between NCVDLS and the submitter. All fees are the responsibility of the submitter. When testing is outsourced to another diagnostic laboratory, submission information is shared with that laboratory.

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