

SURGICAL BIOPSY and CYTOLOGY SUBMISSION FORM

(Not for General Submissions or Avian Submissions)



For Lab 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 # _____

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 of the biopsy sample is desired (*note that formalin-fixed tissue is not suitable for culture, unfixed tissue is required*):

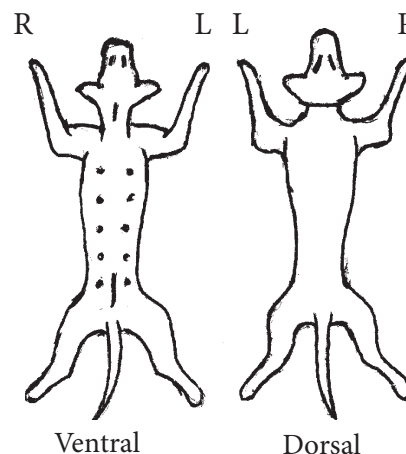
☐ Aerobic bacterial culture ☐ Susceptibility ☐ Anaerobic bacterial culture ☐ Fungal culture

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 NCVDS 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 NCVDL