NORTH CAROLINA VETERINARY DIAGNOSTIC LABORATORY SYSTEM
REQUEST FOR SLIDES

Date:________ NCVDLS Accession #:_____________ Pathologist:_____________

Owner:_________________________ Animal Name:_____________

Submitting Veterinarian:________________________________________ 
Address:_____________________________________________________
Phone:____________________ FAX:_________________________

Approved:________________________________ Date:________________
Submitting Veterinarian

Referral Requested By:________________________________________
Address:_____________________________________________________
Phone:____________________ Email:_________________________

Please select: __ H & E stained slides   __ Unstained, + slides   __Unstained, thick sections

Slides Referred To:_____________________________________________
Address:_____________________________________________________
___________________________________________________________
Phone:____________________ Email:_________________________

Pathologists at North Carolina Veterinary Diagnostic Laboratory System are interested in our clients pursuing advanced treatment and encourage the pursuit of additional tests not available at our facilities. We are also interested in monitoring quality control, so we would greatly appreciate receiving a referral or second opinion report on this case.

Please send the report to the pathologist specified above at:

Rollins Animal Disease Diagnostic Laboratory
1031 Mail Service Center, Raleigh, NC 27609-1031
or
FAX: 919 733-0454

___________________________________________________________

Approved:________________________________ Date:________________
NCVDLS Pathologist