



AAMC – Boston  
Pathology Department  
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For Angell Lab use only

**HISTOPATHOLOGY SUBMISSION FORM**

Date \_\_\_\_\_

Veterinary Clinic \_\_\_\_\_ Submitting Clinician \_\_\_\_\_

Clinic Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Owner \_\_\_\_\_ Animal Name \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Number of specimens submitted \_\_\_\_\_

**SPECIMEN SITE/TYPE**

Site #1 \_\_\_\_\_

- Excisional
- Margin Evaluation
- Wedge
- Needle or Punch
- Endoscopic

Site #2 \_\_\_\_\_

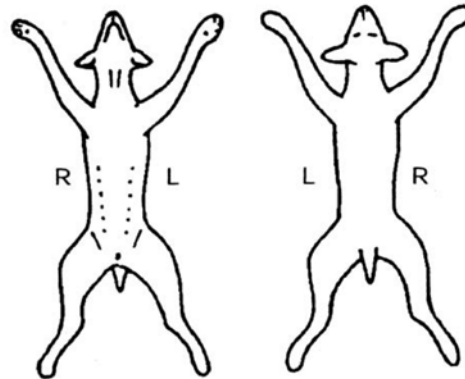
- Excisional
- Margin Evaluation
- Wedge
- Needle or Punch
- Endoscopic

Site #3 \_\_\_\_\_

- Excisional
- Margin Evaluation
- Wedge
- Needle or Punch
- Endoscopic

Additional sites (please list):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**CLINICAL HISTORY, DURATION, LESION DESCRIPTION:**

**DIAGNOSIS/DIFFERENTIAL DIAGNOSES:**