**ALASKA VETERINARY PATHOLOGY SERVICES**

For HCS Use Only:

Date Received:\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date trimmed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AVPS Case No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

23834 The Clearing Dr. / Eagle River, AK 99577-3072

PH (907) 242-2566 / FAX (907) 696-3565

**Specimen Submission Form**:

Date:\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring Veterinarian / biologist:\_\_\_Kathy Burek\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic / Agency:\_\_ \_Alaska Veterinary Pathology Services

Address: (Optional if a regular client)\_

23834 The Clearing Drive. / City:\_Eagle River, AK 99577\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone ( 907 )\_\_\_242-2566\_FAX (\_907\_\_)\_\_696-3565\_\_ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Urgent: (\_\_) yes --** **please contact Dr. Burek and indicate on the box** (\_\_) no

Who does HCS bill?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who receives the slides? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of report requested**:

( ) full report; ( ) Mini report (no descriptions)

**Patient information**:

Owner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Animal name or ID no : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SPECIES**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permit no. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Male / Female /Unknown

Date Sampled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If necropsy: Date Died:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Carcass condition: ( ) fresh ( ) mild autolysis ( ) Moderate autolysis ( ) Frozen; Manner of death: ( ) died; ( ) Euthanized

Animal’s weight\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

**Brief clinical history**: Please include duration of illness, number of animals involved, relevant vaccination history, clinical pathology data, other samples submitted and a description of any lesions. (Complete on back of form if necessary):

**Sample(s) submitted**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

**Clinical diagnosis(es):**

SHIPPING: FIX for 24 hours if a small piece, longer for larger pieces, pour off the formalin with just enough to keep the sample moist, wrap WELL in multiple layers of water proof containers (ziplocks are OK) padded by absorbable material. Put in a sturdy shipping container. Put DIAGNOSTIC SAMPLES and UN3373 stickers on the shipping container. Ship to: **LeRoy Brown / Histology Consultation Services / 207 N. Harkness Street / P.O. Box 770 / Everson, WA 98247**