

Histopathology Submission Form



Animal Health Diagnostic Center

College of Veterinary Medicine, Cornell University

In Partnership with the NYS Dept of Ag & Markets

US Postal Service Address: PO Box 5786 Ithaca, NY 14852-5786
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Histopathology Contacts

Phone: 607-253-3319
 Fax: 607-253-3357

Web: <https://ahdc.vet.cornell.edu/>
 E-mail: pathologyservice@cornell.edu

LAB USE ONLY

AHDC Accession No./ Date

PLEASE NOTE: SAMPLES SUBMITTED FOR TESTING BECOME THE PROPERTY OF THE ANIMAL HEALTH DIAGNOSTIC CENTER AND MAY BE TESTED AS PART OF STATE/FEDERAL SURVEILLANCE PROGRAMS OR USED FOR RESEARCH

PLEASE COMPLETE ALL FIELDS, PRINT LEGIBLY, AND TYPE OR USE BLACK INK ONLY

AHDC Account _____ <input type="checkbox"/> Check if STAT (STAT Fee= \$70)	Your Internal Case/Reference No. _____
Submitting Veterinarian* _____ Clinic Name _____ Address _____ City, State, Zip _____ Phone No. (____) _____ Email _____ Submitting Vet's Signature: _____	Owner _____ Address _____ City, State, Zip _____ Phone No. (____) _____ County _____ Town _____ NYS Premises ID _____ ATTENTION: _____

Please check one: Surgical Biopsy (Full Report) Diagnosis Only (Histologic diagnosis but no description of sample submitted. Not available for complex cases or specialty consultations)

Please do not use this form for [Dermatohistopathology](#) or [Hepatopathology \(liver\)](#) service.

ANIMAL IDENTIFICATION					HISTOPATHOLOGY SUBMISSION TYPE	POST MORTEM INTERVAL	DATE SPECIMEN TAKEN
SEX CODES: M=Male, MR=Mare (equine only), MC=Castrated Male, F=Female, SF=Spayed Female	AGE CODES: Y=Years, M=Months, W=Weeks, D=Days; DOB=Date of Birth	ANIMAL NAME / IDENTIFIER NO.	SPECIES	BREED			
					Biopsy <input type="checkbox"/> Post Mortem <input type="checkbox"/>		

HISTORY: *Clinical history required.* Failure to provide adequate history could result in inadequate diagnosis.

General (Clinical presentation, treatment, etc.)

Description of lesion(s) (Describe location, distribution, size, color, consistency):

Date: onset of illness: _____

In animals submitted: _____

Herd size: _____

No. dead: _____

No. affected: _____

Check here if add'l history is on back or attached.

Clinical Diagnosis: _____

Tissues Submitted: _____

Has previous material been submitted for this problem?

YES NO UNKNOWN

If so, enter Date(s): _____

Legal Case (may incur additional fees if checked)

- Fixed tissues will be held for 1 year then disposed

Accession Number (s): _____

* The submitting veterinarian is responsible for the requested tests, fees associated with this submission, and for notifying the owner of test results.

Additional AHDC testing requested:

AHDC USE ONLY	<input type="checkbox"/> FEDEX	<input type="checkbox"/> MAIL	DATE REC'D: _____	<input type="checkbox"/> FROZEN	<input type="checkbox"/> DRY ICE
OPENED BY: _____	<input type="checkbox"/> FEDEX-GRND	<input type="checkbox"/> PRI MAIL	TIME REC'D: _____	<input type="checkbox"/> RM TEMP	<input type="checkbox"/> COLD PACK
	<input type="checkbox"/> UPS-GRND	<input type="checkbox"/> EXP MAIL		<input type="checkbox"/> COOL	<input type="checkbox"/> NONE
	<input type="checkbox"/> UPS-ND	<input type="checkbox"/> OTHER: _____	DATE SHIPPED: _____	<input type="checkbox"/>	<input type="checkbox"/> COMMENT: _____

Histology