



**M.VPS biopsy submission sheet**

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| <p>Submitter</p>   | <p>Veterinary clinic _____<br/>                 Veterinarian _____<br/>                 Phone _____ e-mail _____<br/>                 Date _____</p>   |
| <p>Information about the animal<br/>(please write legibly)</p>   | <p>Owner's name _____<br/>                 Species <input type="checkbox"/> dog <input type="checkbox"/> cat <input type="checkbox"/> other _____<br/>                 Gender: <input type="checkbox"/> female <input type="checkbox"/> male <input type="checkbox"/> neutered      Age _____<br/>                 Breed _____<br/>                 Name of the animal _____</p>   |
| <p>Type of biopsy<br/>(please choose one)</p>  | <p><input type="checkbox"/> <b>Standard biopsy</b> (SB-01)<br/>                 o Dermatological problem - punch or incisional biopsies (# of samples from 1 animal - as needed for dg)<br/>                 o Endoscopic GI biopsies from 3 different locations<br/>                 o Multiple small samples from 1 organ (total tissue volume ≤2cm<sup>3</sup>)<br/>                 o 1-2 individual tissue samples (each no more than 8cm in the largest dimension)</p> <p><input type="checkbox"/> <b>Complex biopsy</b> (KB-02)</p> <p><input type="checkbox"/> <b>Necropsy / research material</b> (SPB-03)</p>  |
| <p>Clinical history / information about lesions<br/><br/>                 If need more space, use the back side of this form</p> | <p>Submitted tissues / organs _____</p> <p>Location of the lesions, size _____</p> <p>Submitted all specimen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Clinical signs, treatment: _____</p> <p>What is the main purpose of the biopsy? _____</p> <p>Clinical dg: _____</p> <div style="text-align: center;"> <p><b>Ventral</b>                      <b>Dorsal</b></p> </div>  |
| <p>PATOLOGIST'S FIELD</p>  | <p style="text-align: center;"><b>TO BE FILLED OUT BY PATHOLOGIST</b></p> <p><b>Number of samples:</b> 1 2 3 &gt;                      <b>Number of containers:</b> 1 2 3 &gt;</p> <p><b>Type of sample:</b> Skin    Mammary gland    Oral    GI    Bone    Internal organs</p> <p>_____</p> <p><b>Lesion:</b> Size (cm) _____      <b>Delineated:</b> YES / NO / Partially</p> <p><b>Surface:</b> Raised / Depressed / Ulcer / Pedunculated</p> <p><b>Consistency:</b> Soft / Firm / Cystic / Hard</p> <p><b>Cut surface:</b> White / Tan / Yellow/ Brown / Black / Red / Mottled / Hemorrhagic / Necrosis</p> <p><b>Resection margins:</b> Clean / Close / Along capsular border / Dirty / Not clear</p> |