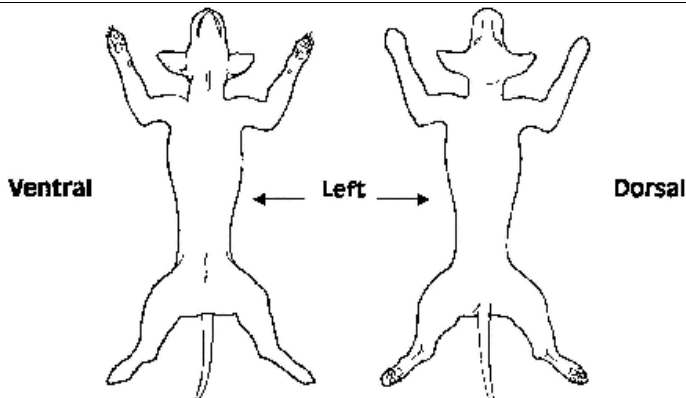


Keystone Veterinary Pathology Submission Form

129 Madison Lane Claysburg, PA 16625
 Phone/Fax: 814-239-9222 or 877-239-9242
 www.kvpath.com info@kvpath.com

Date:		Referring Veterinarian:	
Clinic:		Street Address:	
City:		State/Zip Code:	
Phone/Fax:		Email Address:	
Please submit pathology report via (circle one): Fax Email U.S. Mail			
Owner's Name:		Patient's Name:	
Age:	Sex:	Species:	Breed: Color:
Case History (use back of form if required)			
If Euthanized, what route? Previous Keystone Vet Path Case Number: _____			
Tissue Submitted (Also indicate number of tissues):			
Shape/Color:		Size: ____ x ____ x ____ cm	
Other gross features of tissue (hard, soft, fluid-filled, cystic, gritty, ulcerated, freely movable, fixed, etc).			
Clinical Diagnosis:			
Please send more: Formalin filled containers (120ml <input type="checkbox"/> 60 ml <input type="checkbox"/>); Cardboard Mailing Boxes <input type="checkbox"/> ; Submission Forms <input type="checkbox"/> ; Zip-lock bags <input type="checkbox"/>			
Location of lesion (indicate on diagram if applicable):			



<u>Official Use Only</u>	
___ Formalin	___ Other
___ Containers	
___ Specimens	
___ x ___ x ___ cm	