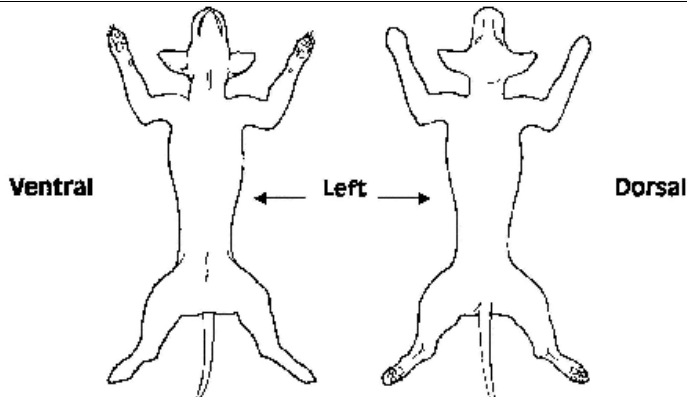


Keystone Veterinary Pathology Submission Form

PO Box 651 Johnstown, PA 15907
 Phone: 814-254-4648 Fax: 814-254-4649
 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			
Owner's Name:		Patient's Name:	
Age:	Sex: M MN F FS	Species:	Breed: Color:
Case History (use back of form if required)			
If Euthanized, what route? Previous Keystone Vet Path Case Number: _____			
Tissue Submitted (<u>Also indicate number of tissues enclosed</u>):			
Shape/Color:		Size: ____ x ____ x ____ cm	
Other gross features of tissue (hard, soft, fluid-filled, cystic, gritty, ulcerated, freely movable, fixed, etc).			
Clinical Diagnosis:			
Location of lesion (indicate on diagram if applicable):			



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