

**Veterinary Diagnostic Center
Surgical Pathology Submission Form**

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Lincoln NE 68583-0907

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<https://vbms.unl.edu/nvdl>

Opened/Rec'd by:	Copies of this form are located in room 238 and on the NVDC's website		
Accession Number			
Date Rec'd	Case Coordinator	Referral No.	
Effective Date		Review Date	
25Mar2024		25Mar2025	

Client/Account #:	PO or UNL Cost Object:	Date Mailed:	Send Results By: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email		
Clinic:	Veterinarian:	Owner:			
Address:			Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Phone:	Fax:	Phone:		Fax:	
Email Address:			Email Address:		
Report Results To: <input type="checkbox"/> Veterinarian <input type="checkbox"/> Owner/Producer		Person To Be Billed: <input type="checkbox"/> Veterinarian <input type="checkbox"/> Owner/Producer		Premise ID:	
<input type="checkbox"/> Third Party Bill	Name:	Address:	City:	State:	ZIP:

Animal Information Section

Species:	Breed:	Age:	Animal ID:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N <input type="checkbox"/> S
Specimen:	<input type="checkbox"/> Incisional <input type="checkbox"/> Excisional <input type="checkbox"/> Punch	Size: cm X cm X cm	Previous Case #:	

Multiple jars submitted? Y: How many? N

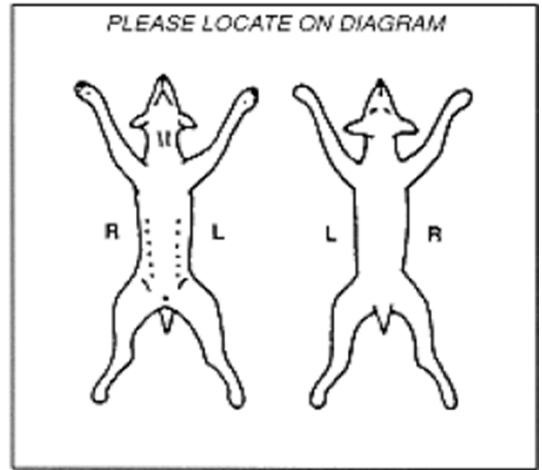
Neoplasms

Location:

Description:

Growth Pattern & Rate:

Duration:



Dermatitis Cases

Duration:

Pruritic Non-Pruritic

Distribution (Locate on drawing)

Clinical Signs:

Treatment & Response:



All supply orders should be submitted online at <https://vbms.unl.edu/Supply-Order-Form>



With this submission, I agree to abide by the policies of the NVDC. <https://vbms.unl.edu/nvdc-general-policies>

For Laboratory Use Only

of biopsies or masses _____

of sites _____

Grossed by _____

of blocks _____

of pieces grossed _____

Date grossed _____

Short Run Microwave Run

Overnight Run

All Submitted

Laboratory Comments: