ORAL PATHOLOGY SUBMISSION FORM - CAT

Specialty Oral Pathology for Animals, LLC
216 N Center St.
Geneseo, IL 61254
309 944-6373
www.sopforanimals.com

Accession # LAB USE ONLY

Date received:

Bill code:

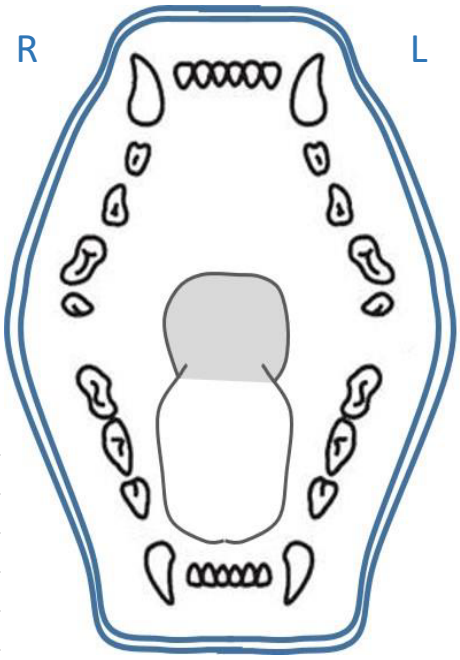
SUBMITTING VETERINARIAN INFORMATION

Veterinarian _____
Clinic _____
Address _____
City _____
State _____ Zip _____
E-mail† _____
Phone _____
†Reports are e-mailed unless requested otherwise.

PATIENT INFORMATION

Owner _____
Animal name/ID _____
Breed _____
Age _____
Sex (circle one) F FS M MN

Biopsy type (circle one): Excisional Incisional
Margins included (circle one): NO YES
Duration of problem: _____
Previous biopsy (circle one): NO YES*
*If SOPA, please give case #. If other lab, please include report.



HISTORY

Include all relevant history, clinical/surgical findings, diagnostic imaging findings & LOCATION of the biopsy:
(Information provided will be transcribed to the pathology report)

_____
_____
_____
_____
_____
_____
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Clinical/differential diagnosis:

_____
_____

Other information or requests:
(This information will NOT be transcribed to the pathology report.)

_____
_____

Images submitted (circle one):** NO YES

**Clinical photographs and/or diagnostic imaging greatly enhance the precision and accuracy of diagnosis.
Images may be submitted in print or electronically by emailing to sopa@sopforanimals.com.
Submission acknowledges permission to use submitted images for diagnosis or teaching.