

ORAL PATHOLOGY SUBMISSION FORM - DOG

**Specialty Oral Pathology for Animals, LLC**  
 216 N Center St.  
 Geneseo, IL 61254  
 309 944-6373  
[www.sopforanimals.com](http://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.

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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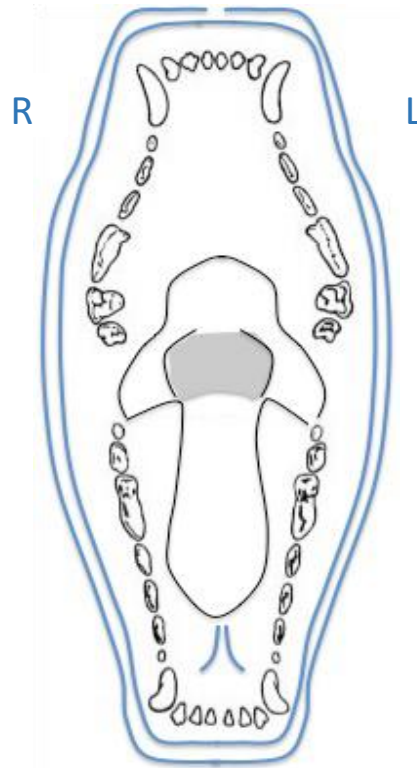
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PATIENT INFORMATION

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



Clinical/differential diagnosis:

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

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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](mailto:sopa@sopforanimals.com). Submission acknowledges permission to use submitted images for diagnosis or teaching.