Accession #

Bill code:

Date received:

LAB USE ONLY

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

www.sopforanimals.com

SUBMITTING VETERINARIAN INFORMATION	PATIENT INFORMATION
Veterinarian	Owner
Address	Animal name/ID
City	Breed
State Zip	Age
E-mail†	Sex (circle one) F FS M MN
Phone	,
†Reports are e-mailed unless requested otherwise.	Part of
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)	R R
	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.