TN Department of Agriculture

C.E. KORD ANIMAL HEALTH DIAGNOSTIC LAB
436 Hogan Rd, Nashville, TN 37220 (UPS/Fed Ex) | P.O. Box 40627, Nashville, TN 37204 (USPS)
Office: 615.837.5125 | Fax: 615.837.5250

BIOPSY SUBMISSION FORM

All fields must be completed.

Veterinarian: _____ Owner:_____

Clinic:_____ Farm Name:_____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Address: _____ Address: _____

City:_____ State: _____ Zip: _____ City:_____ State: _____ Zip: _____

Email: _____ Email: _____

Send report to: _____

GENERAL INFORMATION *(Please provide as much information as possible)*

Sampling Date: _____ Species: _____ Breed: _____ Age:_____ Sex:_____

Animal ID: _____

Please submit an individual biopsy submission form for each tissue site.

Number of bottles/containers submitted: _____

Number of submitted tissue/samples: _____

Site(s): _____

Size of lesion (cm): _____

Type of removal: Incisional Excisional

Invasiveness: Discrete Infiltrative

Consistency: Cystic Firm Hard Soft Fluctuant

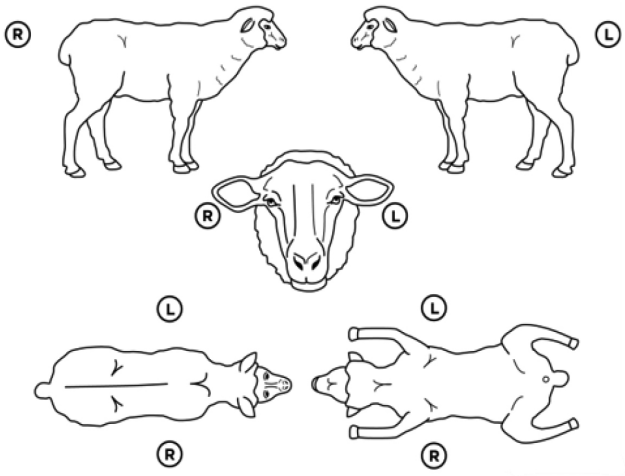
Distribution: Focal Multifocal Diffuse

Symmetry: Symmetrical Asymmetrical

Duration: _____

Pruritis: Pruritic Nonpruritic

Seasonal: Seasonal Nonseasonal



HISTORY: **Include clinical signs, illness duration, vaccination, treatments, and nutrition.**