### GENERAL INFORMATION

**Please provide as much information as possible**

<table>
<thead>
<tr>
<th>Animal ID:</th>
<th>Species:</th>
<th>Breed:</th>
<th>Age:</th>
<th>Sex:</th>
</tr>
</thead>
</table>

**Sampling Date:**

Please indicate tissue type and number of each tissue submitted:

- [ ] Skin
- [ ] Brain
- [ ] Heart
- [ ] Stomach
- [ ] Intestine
- [ ] Liver
- [ ] Lung
- [ ] Spleen
- [ ] Kidney
- [ ] Other

Number of submitted samples: _______________________

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, death date (euthanized?), vaccination, treatments, nutrition, necropsy findings, environment, & pertinent management.

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### LABORATORY USE ONLY

<table>
<thead>
<tr>
<th>Trimmer:</th>
<th>Decal</th>
<th># Tissues:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacteriology</td>
<td>Brain</td>
<td>Notes:</td>
</tr>
</tbody>
</table>
| Cytology | Fresh Tissue | _______________________
| Immunology | Intestine | _______________________
| Direct FA | Feces | _______________________
| Toxicology | Serum | _______________________
| | Blood | _______________________
| | GI Contents | _______________________
| | Other | _______________________

Date finalized: _______________________
Pathologist: _______________________

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