KAHDL
Histopathology Form

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

Veterinarian:	Owner:
Clinic:	Farm Name:
Address:	Address:
City: State: Zip:	City, State: Zip
Phone: Fax:	Phone: Fax:
Email:	Email:
Report Distribution: ☐ Email ☐ Fax ☐ USPS	Bill to: ☐ Clinic ☐ Veterinarian

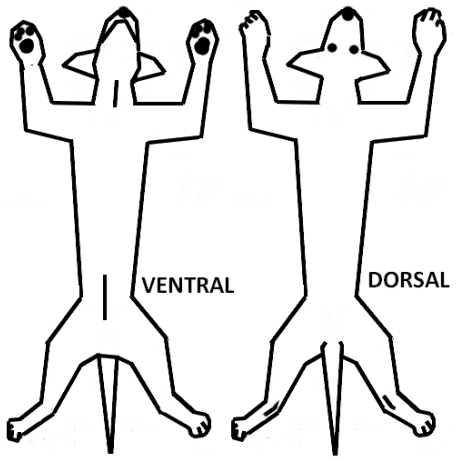
GENERAL INFORMATION (Please provide as much information as possible)

Animal ID:	Species:	Breed:	Age:	Sex:
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.

LABORATORY USE ONLY

☐ Bacteriology ☐ Cytology ☐ Immunology ☐ Direct FA ☐ Toxicology	☐ Brain ☐ Fresh Tissue ☐ Intestine ☐ Feces ☐ Serum ☐ Blood ☐ GI Contents ☐ Other	Trimmer: Decal # Tissues: Notes: _____ _____ _____ _____ _____ _____ Date finalized: Pathologist: