Histopathology Submission Form

Animal Health Diagnostic Center

College of Veterinary Medicine, Cornell University
In Partnership with the NYS Dept of Ag & Markets

US Postal Service Address:
PO Box 5786
Ithaca, NY 14852-5786

FedEx/UPS Service Address:
240 Farrier Rd
Ithaca, NY 14853

Histopathology Contacts
Phone: 607-253-3312
(8-4:30, M-F)
Fax: 607-253-3357
Web: diagcenter.vet.cornell.edu
E-mail: diagcenter@cornell.edu

LAB USE ONLY

AHDC Accession No./ Date _____

Pathology Case Number _____

PLEASE NOTE: SAMPLES SUBMITTED FOR TESTING BECOME THE PROPERTY OF THE ANIMAL HEALTH DIAGNOSTIC CENTER AND MAY BE TESTED AS PART OF STATE/FEDERAL SURVEILLANCE PROGRAMS

PLEASE COMPLETE ALL FIELDS, PRINT LEGIBLY, AND TYPE OR USE BLACK INK ONLY

Cornell Acct No. _____ ☐ **Check if URGENT!** (Fee+add'l $60)

Your Internal Case/Reference No.** _____

Submitting Veterinarian* _____

Clinic Name _____

Address _____

City, State, Zip _____

Phone No. (_____) _____-_____

Submitting Vet's Signature: _____

Owner _____

Address _____

City, State, Zip _____

Phone Number (_____) _____

County _____ Town _____

NYS Premises ID _____

Add'l instructions:

ATTENTION:

Histopathology specimens are referred to:
Surgical Pathology Service, Pathology Section, Department of Biomedical Sciences, College of Veterinary Medicine, Cornell University

ANIMAL IDENTIFICATION					HISTOPATHOLOGY SUBMISSION TYPE	POST MORTEM INTERVAL	DATE SPECIMEN TAKEN
SEX CODES: M=Male, MR=Mare (equine only), MC=Castrated Male, F=Female, SF=Spayed Female AGE CODES: Y=Years, M=Months, W=Weeks, D=Days; DOB=Date of Birth							
ANIMAL NAME / IDENTIFIER NO.	SPECIES	BREED	SEX	AGE/DOB			
					Biopsy ☐ Post Mortem ☐		

HISTORY: ***Clinical history required.*** Give detailed information regarding affected animal. (NY State Contract pricing may apply; see AHDC Test & Fee Schedule.)

General (Clinical presentation, treatment, etc.)

Date: onset of illness: _____

In animals submitted: _____

Herd size:_____

No. dead:_____

No. affected:_____

☐ Check here if add'l history is on back or attached.

Description of lesion(s) (Describe location, distribution, size, color, consistency):

Clinical Diagnosis: _____

Tissues Submitted: _____

Has previous material been submitted for this problem? YES ☐ NO ☐ UNKNOWN ☐

If so, enter Date(s): _____ Histopathology Nos.: _____

PLEASE NOTE: SAMPLES SUBMITTED FOR TESTING BECOME THE PROPERTY OF THE ANIMAL HEALTH DIAGNOSTIC CENTER.
* The submitting veterinarian is responsible for the requested tests, fees associated with this submission, and for notifying the owner of test results.

LAB USE ONLY

NON-CONTRACT ☐ CONTRACT ☐ No. cassettes prepared: _____ No. tissues prepared: _____

Additional AHDC testing requested: _____

Special Stains: _____

Comments: _____

OPENED BY: _____

☐ DHL ☐ Mail
☐ FX ☐ Pri Mail
☐ UPS-Grnd ☐ Exp Mail
☐ UPS-ND
☐ Other: _____

DATE AND TIME REC'D: _____

SHIPPED: _____

☐ TISSUES RECEIVED FIXED ☐ TISSUES RECEIVED UNFIXED

☐ UNFIXED TISSUES FIXED ON: Date: Time:

Receipt Status of Unfixed Tissue: ☐ FROZEN ☐ NOT FROZEN

COMMENT:

** If your Internal Reference No. is entered on this form, it will be used to identify this case on the test result form and on the billing statement (max. 17 character field).