Animal Disease Diagnostic Laboratory

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For ADDL Use Only

REQUEST FOR SHORT REPORT – NEOPLASMS

Name _____
Address _____
City, State, Zip _____
County _____
Referring Veterinarian
Practice/Clinic Name _____
Indiana License No _____
Name _____
Address _____
City, State, Zip _____

Other ID _____

Bill to be sent to (check one:)

Referring Veterinarian ☐

Other _____

Phone Results?_____Phone No.

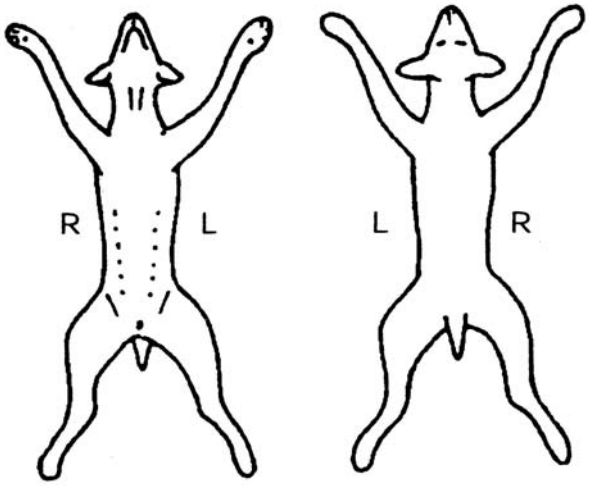
FAX Results? _____ FAX No.

Species _____ Age _____ Sex_____ Breed _____

Limit of 3 tissues per accession

Location of Lesion	Size of Lesion
1	_____ cm x _____ cm x _____ cm
2	_____ cm x _____ cm x _____ cm
3	_____ cm x _____ cm x _____ cm

PLEASE LOCATE ON DIAGRAM



HISTORY (Gross Lesions, signs, treatment, duration, etc.)

Is neoplasm from (circle one):

Is entire lesion submitted?

Is there evidence of metastasis?

Revised 2/06