



Spinifex Veterinary Pathology Pty Ltd

ABN: 18 672 231 828
Dr Esther Crouch, DVM, MVS, DACVP
PO Box 8088, GRANGE SA 5022
0478-250-080
Web: <https://spinifexvetpath.com>
E-mail: hello@spinifexvetpath.com

LAB USE ONLY

Accession No./ Date

General Submission Form

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

Account #:		Clinic Internal Reference #:	
Submitting Veterinarian* _____		Client details	
Clinic Name _____			
Address _____			
Phone No. () _____			
Email _____			
Submitting Vet's Signature: _____			
HISTOPATHOLOGY SUBMISSION TYPE <input type="checkbox"/> Routine histopathology <input type="checkbox"/> Second opinion		Liver specimens must be submitted on the Hepatopathology Submission Form	
ANIMAL IDENTIFICATION		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		TISSUE SPECIMEN(S):	
ANIMAL NAME / IDENTIFIER NO.	SPECIES	BREED	SEX AGE/DOB
HISTORY: Clinical history required. Failure to provide adequate history could result in inadequate diagnosis.			
Pertinent Clinical Pathology Results (with normal reference ranges or fold changes):			
Gross Description (images may be emailed to hello@spinifexvetpath.com):			
Lesion location and biopsy location / technique:			
Clinical / Differential Diagnosis:			
Clinical Summary (clinical presentation, physical exam findings, imaging studies):			
Receiving notes Date/Time: Courier:		Packaging notes	