

**KAHDL
Histopathology Form**

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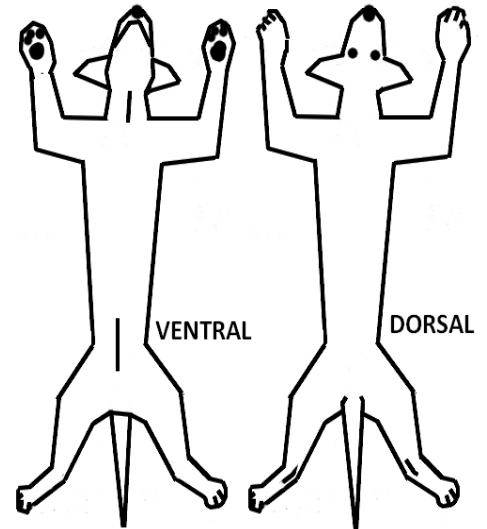
Veterinarian:		Owner:	
Clinic:		Farm Name:	
Address:		Address:	
City:	State:	Zip:	City, State: Zip
Phone:	Fax:	Phone:	Fax:
Email:		Email:	

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		

Number of submitted samples: _____
Site(s): _____
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.