

# 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

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Ithaca, NY 14853

### Histopathology Contacts

Phone: 607-253-3319  
Fax: 607-253-3357

Web: <https://ahdc.vet.cornell.edu/>  
E-mail: [pathologyservice@cornell.edu](mailto:pathologyservice@cornell.edu)

LAB USE ONLY

AHDC Accession No./ Date

**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 OR USED FOR RESEARCH**

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

AHDC Account _____ <input type="checkbox"/> Check if <b>STAT</b> (STAT Fee= \$65)	Your Internal Case/Reference No.** _____
<b>Submitting Veterinarian*</b> Clinic Name _____ Address _____ City, State, Zip _____ Phone No. (____) _____ Email _____ <b>Submitting Vet's Signature:</b> _____	<b>Owner</b> _____ Address _____ City, State, Zip _____ Phone No. (____) _____ County _____ Town _____ NYS Premises ID _____

ATTENTION:

**Histopathology specimens are referred to:**

Surgical Pathology Service, Anatomic Pathology, 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	NAME	SPECIES	BREED	Biopsy <input type="checkbox"/> Post Mortem <input type="checkbox"/>		

**HISTORY:**  NON-CONTRACT  CONTRACT

**Clinical history required.** Failure to provide adequate history could result in inadequate diagnosis.

**General** (Clinical presentation, treatment, etc.)

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

Date: onset of illness: \_\_\_\_\_

In animals submitted: \_\_\_\_\_

Herd size: \_\_\_\_\_

No. dead: \_\_\_\_\_

No. affected: \_\_\_\_\_

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

Clinical Diagnosis: \_\_\_\_\_

Tissues Submitted: \_\_\_\_\_

Has previous material been submitted for this problem?

YES  NO  UNKNOWN

**Legal Case**

- Fixed tissues will be held for 1 year then disposed

If so, enter Date(s): \_\_\_\_\_

Accession Number (s): \_\_\_\_\_

The submitting veterinarian is responsible for the requested tests, fees associated with this submission, and for notifying the owner of test results.

Additional AHDC testing requested:

OPENED BY: _____	<input type="checkbox"/> DHL <input type="checkbox"/> Mail <input type="checkbox"/> FX <input type="checkbox"/> Pri Mail	DATE AND TIME REC'D: _____	_____ _____ _____
	<input type="checkbox"/> UPS-Grnd <input type="checkbox"/> Exp Mail <input type="checkbox"/> UPS-ND	SHIPPED: _____	

Histology