

# Dog and Cat Liver Biopsy 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

AHDC Contacts:  
 Phone: 607-253-3900  
 Fax: 607-253-3943  
 Web: [ahdc.vet.cornell.edu](http://ahdc.vet.cornell.edu)  
 Email: [diagcenter@cornell.edu](mailto:diagcenter@cornell.edu)

<i>LAB USE ONLY</i>
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 AND RESEARCH.

**PLEASE COMPLETE ALL FIELDS, PRINT LEGIBLY, AND ENTER ONLY ONE ANIMAL PER FORM**

**\*\* ALL liver biopsies will receive histopathology and a liver special stain panel \*\***

**Check if STAT (Fee = \$65 for Histopathology only. Does not include liver panel) Results are reported by telephone followed by a written report.**

AHDC Acct No. \_\_\_\_\_  
**Submitting Veterinarian\***  
 Clinic Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
 Submitting Vet's Signature \_\_\_\_\_

Your Internal Case/Reference No. \*\* \_\_\_\_\_  
**Owner**  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No. \_\_\_\_\_  
 County \_\_\_\_\_ Town \_\_\_\_\_  
 NYS Premises ID \_\_\_\_\_

ANIMAL IDENTIFICATION					Sampling Date	Specimen and Anatomical Site	Tests Requested (Enter full name of tests)
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							
NAME / IDENTIFIER NO.	SPECIES	BREED	SEX	AGE / DOB			

Acceptable samples for testing are fixed tissues in 10% neutral buffered formalin, formalin fixed paraffin embedded tissue blocks, or 5-6 unstained slides per formalin fixed paraffin embedded tissue block

Other diagnostic tests requested:

**Case Information: a copy of the medical record can be faxed to (607) 253-3357 or e-mailed to [pathologyservice@cornell.edu](mailto:pathologyservice@cornell.edu)**

	Biochemistry Results (normal ranges or fold change)  Alkaline phosphatase (ALP) Alanine aminotransferase (ALT) Aspartate aminotransferase (AST) Total bilirubin Bile acids (absolute value) Protein C (absolute value) Cholesterol
Indicate lesion location. Indicate biopsy location/technique. Note: If sampling a mass, take an additional biopsy from an unaffected liver lobe. If suspecting portal vein hypoperfusion, avoid sampling the caudate liver lobe.	Clinical / Differential Diagnosis:  Has related material been submitted previously for this animal? <input type="checkbox"/> Yes <input type="checkbox"/> No Accession No. _____

Clinical Summary (imaging findings, appearance, size, and lesion(s) distribution:

**Check here if history is continued on next page, or if add'l history is attached**

AHDC USE ONLY OPENED BY:	<input type="checkbox"/> FEDEX <input type="checkbox"/> FEDEX-GRND <input type="checkbox"/> UPS-GRND <input type="checkbox"/> UPS-ND	<input type="checkbox"/> MAIL <input type="checkbox"/> PRI MAIL <input type="checkbox"/> EXP MAIL <input type="checkbox"/> OTHER:	DATE REC'D: _____ TIME REC'D: _____ DATESHIPPED: _____	<input type="checkbox"/> FROZEN <input type="checkbox"/> RM TEMP <input type="checkbox"/> COOL <input type="checkbox"/> COLD	<input type="checkbox"/> DRY ICE <input type="checkbox"/> COLD PACK <input type="checkbox"/> NONE <input type="checkbox"/> COMMENT: _____
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