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110 Washington Avenue
Suite 2516
Miami Beach, FL 33139

Date: _____

Clinic Information

Name: _____ Phone: _____
Address: _____ Fax: _____
Email: _____

Animal Information

Owner Name: _____

Pet Name: _____

Veterinarian: _____

Species: Canine Gender: Male Euthanized: Yes No
 Feline Male Neutered
 Equine Female Breed: _____
 Avian Female Spayed
 Other Female Pregnant Age: _____

Histology/Cytology

Cytology Pre-Authorize Special Stains
Source: _____
 Biopsy
Source: _____
 Necropsy
Source: _____

Patient History/Comments/Special Requests

Please note: This section is critical for pathology interpretation, Please include clinical diagnosis, size and distribution of lesion, photographs, radiographs, and any other pertinent information.

Specific Instructions:

1. **Equine endometrial biopsies:** please provide breeding history & treatment information.
2. **Aviary, Herpetarium, Multiple Pets:** Please indicate number of affected animals; species involved (use back for more space)

Specimen Description

Type of Biopsy: Excisional Incisional Needle Endoscopic

Items Submitted: Number of Containers: _____ Number of Specimens: _____ Number of Sites Sampled: _____

Site(s): _____