Pathognomics
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HISTOPATHOLOGY/ CYTOLOGY REQUEST

<table>
<tr><td colspan="2">Urgent
Yes / no</td><td colspan="3">Risk of infection
Yes/ No
If yes please specify:</td></tr>
<tr><td colspan="2">Animal’s Name</td><td colspan="3" rowspan="2">Address for Report</td></tr>
<tr><td>Sex</td><td>Age</td></tr>
<tr><td colspan="2">Owner’s Name</td><td colspan="3" rowspan="2">Address for invoice</td></tr>
<tr><td colspan="2">Species / Breed</td></tr>
<tr><td colspan="4">Specimen(s) sent</td><td>Number of pots sent</td></tr>
<tr><td colspan="5">Clinical Details & Provisional Diagnosis</td></tr>
<tr><td>Date of Biopsy</td><td colspan="2">Requesting Clinician</td><td colspan="2">Signature</td></tr>
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