

# KAHDL Histopathology Form

436 Hogan Rd, Nashville TN 37220 (UPS/Fed Ex)  
P.O. Box 40627, Nashville TN 37204 (USPS)  
Office: 615.837.5125 Fax: 615.837.5250

KAHDL PA F-3  
Rev.0, July 2016  
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Veterinarian:			Owner:		
Clinic:			Farm Name:		
Address:			Address:		
City:	State:	Zip:	City, State:	Zip	
Phone:	Fax:		Phone:	Fax:	
Email:			Email:		
Report Distribution: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> USPS			Bill to: <input type="checkbox"/> Clinic <input type="checkbox"/> Veterinarian		

## 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						
<input type="checkbox"/> Skin	<input type="checkbox"/> Brain	<input type="checkbox"/> Heart	<input type="checkbox"/> Stomach	<input type="checkbox"/> Intestine	<input type="checkbox"/> Liver	<input type="checkbox"/> Lung	<input type="checkbox"/> Spleen	<input type="checkbox"/> Kidney
<input type="checkbox"/> Other _____								

Number of submitted samples: \_\_\_\_\_  
 Size of lesion (cm) \_\_\_\_\_

Type of removal  Incisional  Excisional

Invasiveness  Discrete  Infiltrative

Consistency  Cystic  Firm  Hard  Soft  Fluctuant

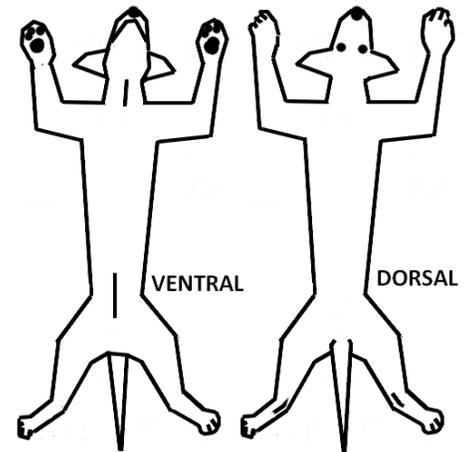
Distribution  Focal  Multifocal  Diffuse

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.

### LABORATORY USE ONLY

<input type="checkbox"/> Bacteriology	<input type="checkbox"/> Brain	Trimmer:	Decal	# Tissues:
<input type="checkbox"/> Cytology	<input type="checkbox"/> Fresh Tissue	Notes: _____		
<input type="checkbox"/> Immunology	<input type="checkbox"/> Intestine	_____		
<input type="checkbox"/> Direct FA	<input type="checkbox"/> Feces	_____		
<input type="checkbox"/> Toxicology	<input type="checkbox"/> Serum	_____		
	<input type="checkbox"/> Blood	_____		
	<input type="checkbox"/> GI Contents	_____		
	<input type="checkbox"/> Other	Date finalized:	Pathologist:	