

Dermatohistopathology 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

Histopathology Contacts
 Phone: 607-253-3319
 Fax: 607-253-3357
 Web: <https://ahdc.vet.cornell.edu>
 E-mail: pathologyservice@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 OR USED FOR RESEARCH

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

Cornell Acct No. _____ <input type="checkbox"/> Check if STAT (STAT Fee= \$70)	Your Internal Case/Reference No.** _____
Submitting Veterinarian* _____ Clinic Name _____ Address _____ City, State, Zip _____ Phone No. (_____) _____-_____ Submitting Vet's Signature: _____	Owner _____ Address _____ City, State, Zip _____ Phone Number (_____) _____ County _____ Town _____ NYS Premises ID _____

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	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/DOB	COLOR	Biopsy <input type="checkbox"/> Post Mortem <input type="checkbox"/>	

HISTORY: Chief complaint and duration: _____ NON-CONTRACT _____ CONTRACT _____

Previous skin or ear problems? No Yes
 Is there pruritus? No Yes

Lesion description and distribution (select all that apply): Are lesions symmetrical? No Yes

- | | | | | | | | |
|----------------------|---------|-------------|------------------|--------|-----------------|---------|---------------|
| erythema | macule | patch | papules | plaque | pustules | face | claws |
| vesicles | bullae | wheal | nodule | cyst | alopecia | pinnae | dorsal trunk |
| hypotrichosis | scale | crust | follicular casts | comedo | depigmentation | legs | ventral trunk |
| hyperpigmentation | scar | excoriation | erosion | ulcer | lichenification | paws | neck |
| epidermal collarette | fissure | callus | | | | pawpads | tail |

Previous diagnostic tests and results:

Previous treatments and response to treatment:

What is your clinical differential diagnosis?

Tissue submitted:

****Please email (pathologyservice@cornell.edu) or mail with your submission clinical photographs of the lesions if possible.**

Legal Case
 • Fixed tissues will be held for 1 year then disposed.

* 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 <input type="checkbox"/> UPS-Grnd <input type="checkbox"/> Exp Mail <input type="checkbox"/> UPS-ND <input type="checkbox"/> Other: _____	DATE AND TIME REC'D: _____	SHIPPED: _____
------------------	--	----------------------------	----------------

** If your Internal Reference No. is entered on this form, it will be used to identify this case on the test result form and on the billing statement (max. 17 character field). ORG-WEB-012-V04