HISTOPATHOLOGY SUBMISSION FORM

VPG Veterinary Pathology Group
A MEMBER OF SYNLAB

POSTAL ADDRESS:
Horner Court, 637 Gloucester Road
Horfield, Bristol BS7 0BJ

VPG | Histology
Formerly Bridge

PRACTICE DETAILS

Veterinary practice:_____

Practice address:_____

_____

_____

_____

Tel:_____

Email:_____

CLINICIAN DETAILS

Clinician:_____

If required:

Personal email:_____

Send report to:

Practice email ☐

Personal email ☐

Fax ☐

PATIENT DETAILS

Animal name:_____

Owner name:_____

PMS ref:_____

Species:_____Age:_____Sex:_____

Breed_____

VPG SYNLAB USE ONLY

Histology case no.:

Date received:

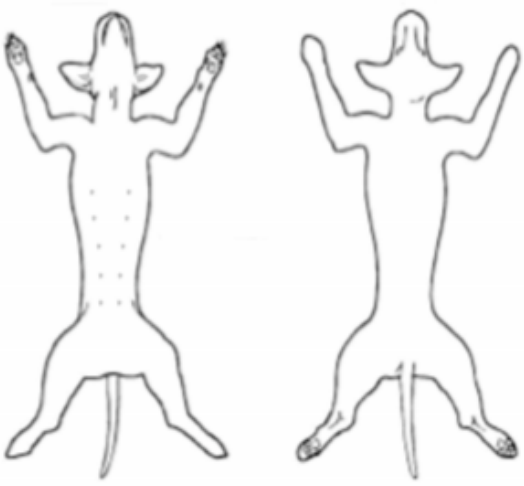
No. of samples:

Charge:

SAME DAY URGENT	
NEXT DAY PRIORITY	

Number of pots submitted		Suspect Mycobacteria?	

Tissue submitted (+/- mark diagram)



CLINICAL HISTORY, COMMENTS, DIFFERENTIAL DIAGNOSES, RECENT TREATMENT.

Materials from these submitted tissues may be used for clinical research purposes.
Please tick here if you specifically do NOT want these tissues to be used for research projects: ☐

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