

Submission Form

Karen Dunn BVSc (Hons) MRCVS

Referring Veterinary Surgery

Fax: _____

Email: _____

Patient

Dog Cat Horse Other: _____

Breed: _____

Age: _____ Male Female Spayed/Neutered

Owner: _____ Visit Reference: _____

Animal Name / ID: _____

Report by Email Fax Mail Mail with copyslide Email with photomicrographs

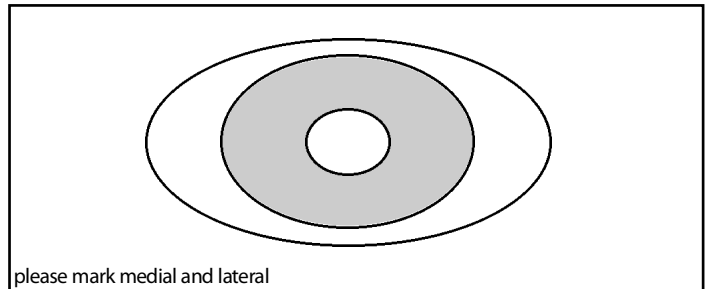
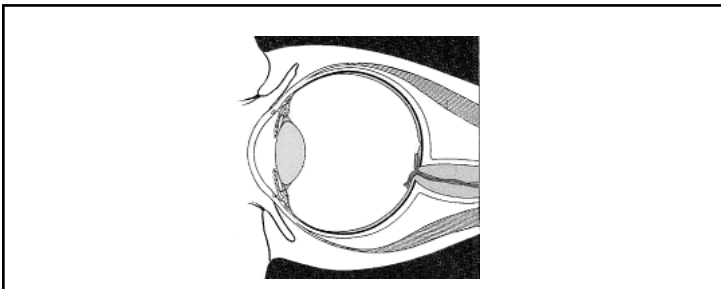
Submitted Material

Whole eye Left Right

Biopsy site Wedge Excision Sites: _____ Number of pieces: _____

Other: _____

Previous Submission Lab No/Date _____ / _____



Clinical Differential Diagnosis

History

Additional information (please complete as appropriate)

Glaucoma Yes / No IOP _____ mmHg Duration: _____

Eye Colour: _____

Treatment given and response

Submit samples to:
 FOCUS-EyePathLab
 The Heath
 PO Box 13
 Runcorn
 Cheshire, WA7 4QX
 UNITED KINGDOM

Laboratory use only