

New England Horse Labs

A division of Mass Histology Service, Inc.

7 Lenora Street
Worcester, MA 01607
(800) 392-5587
www.nehorselabs.com

Biopsy Submission Form

Date: _____ ROUTINE RUSH
Hospital: _____ Dr. _____
Species: _____ Breed: _____ Age: _____ Sex: _____
Pet's name: _____ Owner's name: _____

Specimens submitted: ____ Exact Location: _____
Duration: _____ Encapsulated? _____
Size: _____ Submitted: Whole Mass or Edge
Adhered or Peeled Out Margins included? _____
Relevant History:

Lab Use Only:

Date received: _____ Path. # _____

DECAL Y N

STOCK Y N

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