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

ROUTINE

Date:

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RUSH

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DECAL Y N

Hospital:		_ Dr			
Species:	Breed:	Age:	Sex:		
Pet's name:	Own	Owner's name:			
# Specimens submitted	: Exact Lo	Exact Location:			
Duration:	Encapsu	_Encapsulated?			
Size:	Submitte	ed: Whole Mass	or Edge		
Adhered or Peeled O	ut Margins	Margins included?			
Relevant History:					
Lab Use Only:					
Date received:		Path. #			

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