



DERMATOPATHOLOGY REQUEST FORM

SHIP SAMPLE(S) TO:

West Coast:
Harris Histology Services
2852 Walnut Ave, Unit G
Tustin, CA 92780

East Coast:
Biosphere Lab (Attn: Dr. Biswell)
11700 Commonwealth Dr. Suite 200
Louisville, KY 40299

949-779-2996

dermatopathology@adcmg.com

M. Kelly Keating, DVM, DACVP, DACVD
Wayne Rosenkrantz, DVM, DACVD

Send samples via trackable shipping service

DERMATOPATHOLOGY TEST REQUEST

Fee

- Histopathology - Dermatopathology:** up to 4 punch biopsies submitted in one formalin jar. Special stains included at pathologist discretion. **\$169.65**
- Histopathology - Small Excisional Biopsy:** 1-2 small skin masses that can fit on a single slide. **\$165**
- Histopathology - Large Excisional Biopsy** **\$165**
- Additional Tissue:** Additional tissue charge including punch biopsies in separate jars or additional masses. **\$42**
- Second Opinion Interpretation** (send 1 stained, 4 unstained slides) **\$120**
- Special Stain Request** (pre-ordered) **\$40/ea**
 PAS Acid- Fast GMS Other (s): _____
- IHC Stain** (if recommended by the pathologist)* **\$98 - 182**
- PARR/Clonality** (if recommended by the pathologist)* **\$128.40 - 331.70**
- Pathologist Requested**
 Keating Rosenkrantz No Preference

ACCESSION NUMBER (FOR LAB USE ONLY)

SUBMITTER INFORMATION

Referring Veterinarian: _____

Clinic: _____

Clinic Address: _____

Phone: _____

Email (for results): _____

Email (for invoicing, if different): _____

PATIENT INFORMATION

Client Last Name: _____

Patient Name: _____

Species: _____ Breed: _____

Sex: _____ Age: _____ Color: _____

Patient history included/attached? Yes No

Photos? (encouraged) Yes No

Digital records and photos can be emailed to dermatopathology@adcmg.com

Telephone consultation with pathologist available upon request.

*IHC pricing varies based on outside laboratory staining fees, please contact for case specific estimate.

CLINIC HISTORY

Please complete information below OR **attach last SOAP** **Clinical Diagnosis:** _____

Please check all that apply:

- Pruritus Symmetrical Erythema Vesicles Hypotrichosis Hyperpigmentation Macule Scale Scar Fissure Patch
- Papules Plaque Pustules Wheal Nodule Cyst Alopecia Crust Casts Comedo Depigmentation Ulcer
- Excoriation Erosion Lichenification Callus Epidermal collarette

Additional Information: _____

SAMPLE LOCATION:

Please describe location and not container number on ID chart and container

Container 1 (see below for multisite biopsies): _____

Site: _____

Site: _____

Site: _____

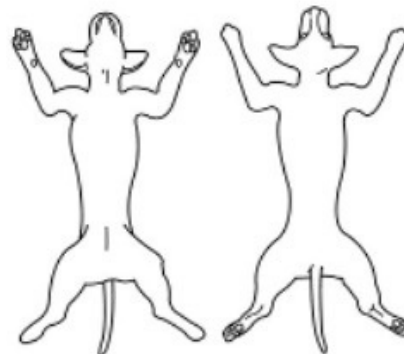
Site: _____

Container 2: _____

Container 3: _____

Container 4: _____

Additional Containers: _____



Date Specimen Taken: _____

of Sites Submitted: _____