SPECIMEN SUBMISSION FORM

Date________________________________________
Veterinarian____________________________________
Clinic internal patient ID________________________

MINIMUM SUBMISSION INFORMATION*

SDx Client Code OR Clinic_____________________
Owner last name_______________________________
Pet name______________________________________
Age_________________ Sex ☐ M ☐ F ☐ N/S
Species ☐ Canine ☐ Feline ☐ Other___________
Breed________________________________________
# of containers (label if multiple)___________________

Iris color________________________ ☐ Doctor or staff pet
☐ Mini-biopsy ☐ Do not evaluate margins
Submitted: ☐ OS ☐ OD
☐ Incisional ☐ Excisional # of pieces____________
☐ Globe ☐ Cornea ☐ Lid ☐ TEL ☐ Evisceration
☐ Other:

PERTINENT HISTORY

Duration of problem ______________________
Glaucoma? ☐ OS ☐ OD
IOP _________ _________

OTHER TEST RESULTS

TREATMENT(S) AND RESPONSE

TENTATIVE / DIFFERENTIAL DIAGNOSIS

*SDx accepts submission forms from all diagnostic labs as long as this information is available