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DERMATOPATHOLOGY REQUEST FORM

SHIP SAMPLE(S) TO:
 Harris Histology Services
 2852 Walnut Ave. Unit G
 Tustin, CA 92780

Send samples via trackable shipping service. Direct all questions or requests to dermatopathology@adcmg.com.

<p>DERMATOPATHOLOGY TEST REQUEST</p> <p><input type="checkbox"/> Dermatopathology Interpretation and Report. Up to three sections on one slide – multiple sites may necessitate multiple slides. Telephone consultation regarding results is available if needed. Fee \$118</p> <p><input type="checkbox"/> Additional Tissue/Container. Per each additional sample submitted in a separate container \$25</p> <p><input type="checkbox"/> Pathologist requested (if any) ___ Rosenkrantz ___ Keating ___ No Preference</p> <p><input type="checkbox"/> Second Opinion Interpretation (send 1 stained, 4 unstained slides) \$85</p> <p><input type="checkbox"/> Special Stain Request <input type="checkbox"/> PAS <input type="checkbox"/> Acid-fast <input type="checkbox"/> GMS <input type="checkbox"/> Other(s): _____ \$33 (ea)</p> <p><input type="checkbox"/> Special Stain Request (if recommended by pathologist)</p> <p><input type="checkbox"/> IHC Stain (if recommended by the pathologist)* \$89 to \$142 Each Additional IHC Stain* \$51 to \$84</p> <p><input type="checkbox"/> PARR (if recommended by the pathologist)* \$288.75</p> <p><small>*IHC pricing varies based on outside laboratory staining fees. Please call or email for case specific pricing.</small></p> <p>CLINIC HISTORY: Please complete information below OR attach last SOAP</p> <p>Clinical Diagnosis: _____</p> <p>Please check all that apply: <input type="checkbox"/> Pruritus <input type="checkbox"/> Symmetrical <input type="checkbox"/> Erythema</p> <p><input type="checkbox"/> Vesicles <input type="checkbox"/> Hypotrichosis <input type="checkbox"/> Hyperpigmentation <input type="checkbox"/> Macule</p> <p><input type="checkbox"/> Scale <input type="checkbox"/> Scar <input type="checkbox"/> Fissure <input type="checkbox"/> Patch <input type="checkbox"/> Papules <input type="checkbox"/> Plaques</p> <p><input type="checkbox"/> Pustules <input type="checkbox"/> Wheal <input type="checkbox"/> Nodule <input type="checkbox"/> Cyst <input type="checkbox"/> Alopecia <input type="checkbox"/> Crust</p> <p><input type="checkbox"/> Casts <input type="checkbox"/> Comedo <input type="checkbox"/> Depigmentation <input type="checkbox"/> Excoriation <input type="checkbox"/> Erosion</p> <p><input type="checkbox"/> Ulcer <input type="checkbox"/> Lichenification <input type="checkbox"/> Callus <input type="checkbox"/> Epidermal collarette</p> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;">Additional Information:</div>	<p>Accession Number (FOR LAB USE ONLY)</p> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> <hr/> <p>SUBMITTER INFORMATION (REQUIRED)</p> <p>REFERRING VETERINARIAN _____</p> <p>CLINIC _____</p> <hr/> <p>CLINIC ADDRESS _____ PHONE _____</p> <hr/> <p>EMAIL (for Results) _____ EMAIL (for Invoicing (if different)) _____</p> <p>Invoicing Preference: ___ Mail ___ E-mail</p> <hr/> <p>PATIENT INFORMATION</p> <p>CLIENT LAST NAME _____ PATIENT NAME _____</p> <p>SPECIES _____ BREED _____</p> <p>SEX <input type="button" value="v"/> _____ AGE _____ COLOR _____</p> <p>Patient history included/attached? ___ Yes ___ No Photos? (optional) ___ Yes ___ No</p>
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SAMPLE LOCATION: PLEASE DESCRIBE LOCATION AND NOTE CONTAINER NUMBER ON ID CHART AND CONTAINER

Container 1 (see below for multisite biopsies): _____

Site: _____

Site: _____

Site: _____

Site: _____

Site: _____

Container 2: _____

Container 3: _____

Container 4: _____

Container 5: _____

Additional Containers: _____

DATE SPECIMEN TAKEN: _____

NUMBER OF SITES SUBMITTED: _____

