

**DISEASE INVESTIGATION LABORATORY  
DIRECTORATE OF ANIMAL HUSBANDRY  
HIMACHAL PRADESH, SHIMLA-5  
Phone: +91-177-2830164 (Extn. 231)**

**For Laboratory Use Only**  
Lab ID / Histopathology No.:  
Date:

**HISTOPATHOLOGY SUBMISSION FORM**

(Please fill out this form completely)

CHECK HERE IF URGENT

Veterinarian.....  
Name of Institution.....  
.....  
Contact No.....

Owner's Name.....  
Address.....  
.....  
Contact No.....

**Please submit the samples in 10% Formalin**  
{ 1 part pure FORMALIN (40 %) and 9 parts water }

Animal Name/ No.....Species.....Breed.....Sex.....Age.....

Biopsy  Post Mortem  P.M. Interval..... Date Specimen Taken.....

History:

Description of the lesion(s) (Describe location, distribution, size, color, consistency):

(Use back of Form if more space is required)

Clinical Diagnosis:.....

Tissues submitted:.....

Signature of Referring Veterinarian \_\_\_\_\_

**For Lab Use Only**

No. of Blocks Made:

No. of Tissue Slides Made:

Stains/ Special Stains Used \_\_\_\_\_

Comments \_\_\_\_\_