Innovative Vet Path

Innovative Vet Path Submission Form
KC Metro clients: Call for specimen pickup (816) 241 3338
innovativevetpath.com email: info@innovativevetpath.com
Phone: 913-303-7717

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IVP Accession Number (LAB USE ONLY)

Clinic Information

Clinic case number | Hospital/Clinic name | Clinician name | Clinic email address

Clinic address | Clinic phone

Animal Information

Is this a Doctor/Staff pet? (please check if applicable) ☐

Owner name _____ Animal name _____

Species _____ Breed _____ Coat color _____ Specimen collection date _____

Gender ☐ M ☐ F ☐ M(N) ☐ F(S) Weight _____ Age/DOB _____ Patient ID _____

Has a previous specimen been submitted before? If yes, what was the accession number? _____

Submitting digital images

Have digital images of the clinical disease been submitted? ☐ Y ☐ N

We must emphasize the importance of submitting high resolution digital photographs as an accompaniment to your submission. Please submit an in-focus digital clinical photograph with your tissue specimens to assist in more accurate, timely interpretations.

Specimen Type

(please select): ☐ Biopsy ☐ Derm Path (see page 2) ☐ Derm Path w/ consult ☐ Necropsy in a jar ☐ OFA/SA screening

Biopsy type: ☐ Excisional ☐ Wedge ☐ Tru-cut ☐ Punch ☐ Fragment ☐ Endoscopic ☐ Full-thickness

Working clinical diagnosis: _____

What specifically would you like to know from this biopsy?

_____

Case History

(lab data, lesion duration, distribution, diagnostics, response to treatment - **please see page 2 for detailed description of derm path lesions**):

For Mass Lesions:

Size: _____ x _____ x _____ cm Shape: _____ Color: _____ Texture/consistency (soft, firm, hard) _____ Distribution: _____

Sample Site/Location	# of specimens	Evaluate margins?
1.		☐ Y ☐ N
2.		☐ Y ☐ N
3.		☐ Y ☐ N

! Please have samples shipped directly to MAWD Pathology Group. If your samples are not shipped directly to MAWD Pathology Group, there may be a delay in reporting.

MAWD Pathology Group
9705 Lenexa Drive, Lenexa, Kansas 66215
For KC metro clients call for Specimen Pickup: 816-241-3338

Dermatopathology

Please select yes or no for the following:

Are lesions pruritic?	☐ Y	☐ N
Are lesions symmetrical?	☐ Y	☐ N
Are lesions seasonal?	☐ Y	☐ N
Are there oral lesions?	☐ Y	☐ N
Have there been previous skin or ear problems?	☐ Y	☐ N
Any ocular/periocular lesions?	☐ Y	☐ N
Any systemic signs of illness? (weight loss, malaise, fever) If yes, please include in history below.	☐ Y	☐ N

For nasal planum lesions, is there loss of the normal cobblestone appearance?	☐ Y	☐ N
Are other people or animals in the environment affected?	☐ Y	☐ N
Are their any lesions involving pawpads or nail beds?	☐ Y	☐ N
Is the pet primarily indoors?	☐ Y	☐ N
If not, any possibility of contact with wildlife or livestock?	☐ Y	☐ N
Has glucocorticoid therapy been administered?	☐ Y	☐ N
If yes, when was the last dose given prior to biopsy? _____		
Does the pet have any travel history? If yes, please include relevant details in history below.	☐ Y	☐ N

Pertinent History

Previous diagnostic tests: (cytology, skin scrapings, blood work, endocrine testing, culture and sensitivity, radiographs, etc.)

Describe any previous or current treatment and response to treatment:

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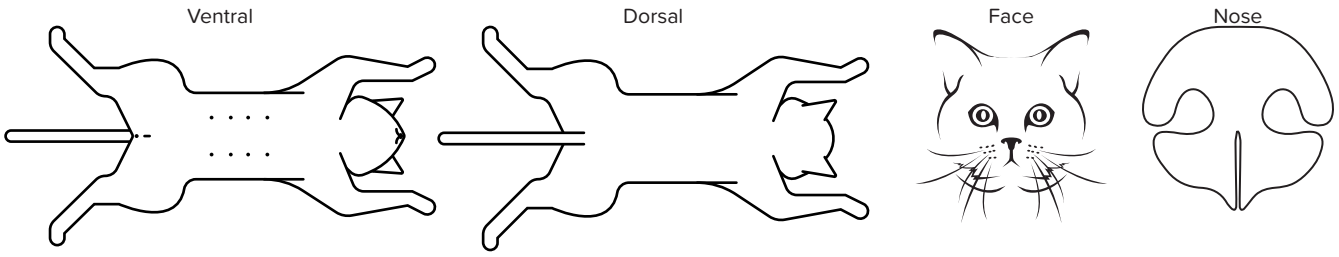
- ☐ Scales
- ☐ Crusts
- ☐ Follicular casts
- ☐ Milia
- ☐ Comedones
- ☐ Pustules
- ☐ Vesicle
- ☐ Macule
- ☐ Papule
- ☐ Nodule/mass
- ☐ Patch
- ☐ Plaque
- ☐ Wheal
- ☐ Bulla
- ☐ Abscess
- ☐ Cyst
- ☐ Hyperpigmentation
- ☐ Hypopigmentation
- Leukoderma ☐ Leukotrichia ☐
- ☐ Epidermal Collarette
- ☐ Excoriation
- ☐ Lichenification
- ☐ Erosion
- ☐ Ulcers
- ☐ Fissure
- ☐ Fistula/ draining tract
- ☐ Scar
- ☐ Callus
- ☐ Erythema
- ☐ Greasy
- ☐ Alopecia
- ☐ Hypotrichosis
- ☐ Hypertrichosis
- ☐ Broken/ brittle nails

Please mark location/distribution of lesions:



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