



Animal Dermatology Clinic

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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.

DERMATOPATHOLOGY TEST REQUEST

	Fee
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.	\$90.00
Additional Tissue/Container. Per each additional sample submitted in a separate container	\$22.00
Second Opinion Interpretation	\$80.00
Special Stain (if recommended by the pathologist)	\$30.00
Special Stain Request _____	\$30.00
IHC Stain (if recommended by the pathologist)	\$150.00
Each Additional IHC Stain	\$100.00
PARR (if recommended by the pathologist)	\$275.00

Accession Number (FOR LAB USE ONLY)

Pending Special Stains

PAS Acid-fast GMS Other(s): _____

SUBMITTER INFORMATION

REFERRING VETERINARIAN _____

CLINIC _____

CLINIC ADDRESS _____

PHONE _____

FAX _____

EMAIL _____

SEND RESULTS TO : Email Fax

PATIENT INFORMATION

CLIENT NAME _____

PATIENT NAME _____

BREED _____

SEX _____

AGE _____

COLOR _____

CLINICAL HISTORY: Please complete the 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 Excoriation Erosion
Ulcer Lichenification Callus Epidermal collarette

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: _____

