

Submission Form

Karen Dunn BVSc (Hons)

Referring Veterinary Surgeon

Email: _____

Patient

Dog Cat Horse Other: _____

Breed (or likely cross if mixed): _____

Age: _____ Male Female Spayed/Neutered

Owner: _____ Your Reference: _____

Animal Name / ID: _____

Additional Services Copyslide Photomicrographs (emailed) (see price list)

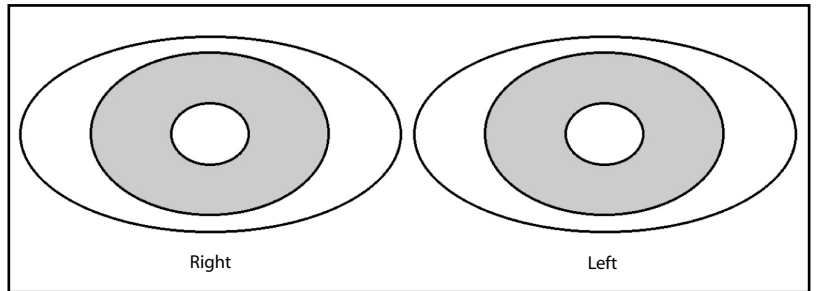
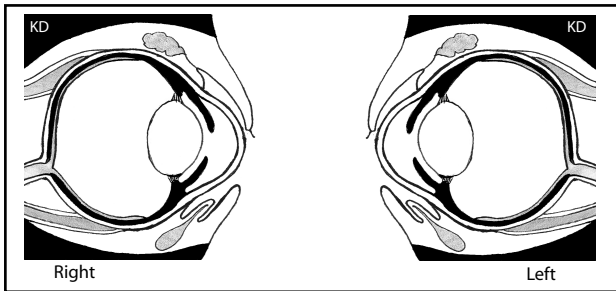
Submitted Material

Whole eye Left Right

Biopsy site Wedge Excision Sites: _____ Number of pieces: _____

Other: _____

Date Sampled _____ **Previous Submission** Lab No. / Date _____



Clinical Differential Diagnoses

History

Additional information (please complete as appropriate)

Glaucoma: Yes / No IOP: _____ mmHg Duration: _____ IOL Implant Type: Hard / Soft (foldable) Blue Eye: Yes / No Haircoat Colour: _____

Treatment given and response

Submit samples to:
 FOCUS-EyePathLab
 C/- QML Vetnostics Veterinary Pathology
 11 Riverview Place
 Murarrie
 QLD 4122
 AUSTRALIA

Laboratory use only

arr _____ tech _____ / _____ slices _____

pt _____ pc _____ wt _____