

Louisiana Animal Disease Diagnostic Laboratory

Louisiana State University • River Road, Room 1043, Baton Rouge, LA 70803

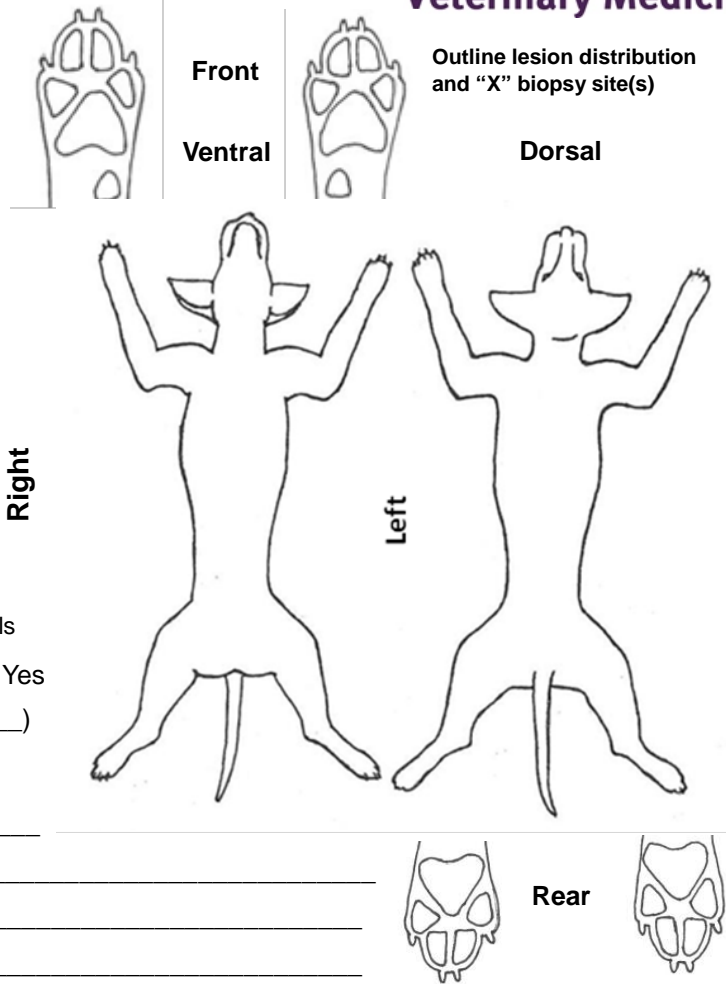
Phone: (225) 578-9777 • Fax: (225) 578-9784 • Website: <http://laddl.lsu.edu>



School of
Veterinary Medicine

BIOPSY FORM

DOCTOR		DATE
HOSPITAL		
STREET or P.O. BOX		
CITY, STATE, ZIP		
TELEPHONE	FAX NO.	
OWNER'S NAME		
ANIMAL'S NAME		
BREED	AGE	
SPECIES	SEX	



Please include Doctor's/Owner's/Animal's name on all specimen vials

Previous Submission(s) from this animal to LADDL: No Yes
(if yes, DL# _____ and date _____)

Please select: Alive | Died | Euthanized

Number of specimens submitted _____ Number of vials _____

Clinical History: _____

Clinical Differential Diagnoses: _____

*Mass/Nodule No Yes (size _____ x _____ x _____ cm) Margins discrete No Yes

Entire mass submitted No Yes Surgeon's impression of removal Complete Incomplete

*If multiple masses – list information under history.

Check here if you desire Dermatopathology Review (additional cost)

Skin biopsy (check all that apply): Age of onset _____ Coat color/color of affected area _____

Flat Raised Depressed Macule Papule Pedunculated Alopecic Altered hair

Erosion/ulceration Seborrhea/scale/crust Pruritic Wheal Painful Recurrent

Pustules Vesicles/bulla Epidermal collarette Depigmentation Hyperpigmentation

Lichenification Erythema Excoriation

Previous treatment/response to therapy _____

Results of other diagnostic tests _____

Internal organs also affected (please describe) _____

