**Louisiana Animal Disease Diagnostic Laboratory** 

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| BIOPSY<br>NECROPSY IN A JAR        | PLACE STICKER HERE           |              | Front      |      | Outline lesion distribution and "X" biopsy site(s) |
|------------------------------------|------------------------------|--------------|------------|------|--|
| DOCTOR                             | DATE                         | 100          | /          |      |  |
| HOSPITAL                           |                              | 10           | Ventral    | 10   | Dorsal   |
| STREET or P.O. BOX                 |                              |              | $\bigcirc$ |      | C:D  |
| CITY, STATE, ZIP                   |                              |              | 1 - 1      | 7 /7 |  |
| PHONE FAX                          | ( NO.                        | \            | DE         | _//  | 115-0//  |
| EMAIL                              |                              | -            | \          |      |  |
| OWNER'S NAME                       |                              |              | (          |      |  |
| ANIMAL'S NAME                      |                              | Right        | \ /        | ی ا  |  |
| BREED                              | AGE                          | تق           | 1 /        | Left | \ /  |
| SPECIES                            | SEX                          |              |            |      |  |
| Please include Doctor's/Owner's/Ar | nimal's name on all specimer | ⊐<br>n vials |            |      |  |
| Previous Submission(s) from thi    | Yes                          | 1/1          |            | 144  |  |
| (if yes, DL#                       | and date                     |              |            | 1    |  |

| Clinical Differential Diagnoses:   |  |  |  |  |  |
|--|--|--|--|--|--|
| *Mass/Nodule $\square$ No $\square$ Yes (sizexxm) Margins discrete $\square$ No $\square$ Yes  |  |  |  |  |  |
| Entire mass submitted $\square$ No $\square$ Yes Surgeon's impression of removal $\square$ Complete $\square$ 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)

Please select: ☐Alive | ☐Died | ☐Euthanized

Clinical History:

Number of specimens submitted \_\_\_\_\_Number of vials \_\_\_\_\_