



หน่วยชันสูตรโรคสัตว์

VETERINARY DIAGNOSTIC LABORATORY

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BIOPSY SPECIMENS

Accession No: _____

Owner: _____

Sender: _____ Hospital No: _____

Address: _____ Animal's I.D. _____

Phone: _____ E-mail: _____

Species: _____ Breed: _____ Sex: M. Mc. F. Fs. Age: _____ Weight: _____ kg

Organ or site: _____

Duration of growth: _____ Size: _____ Shape: _____ Weight: _____ kg Color: _____

Consistency: Soft Firm Hard Hemorrhage: Yes No

Necrosis: Yes No Suppuration: Yes No

Lymph node involvement: Yes No Not examined Metastasis: Yes No Not examined

Clinical signs: _____

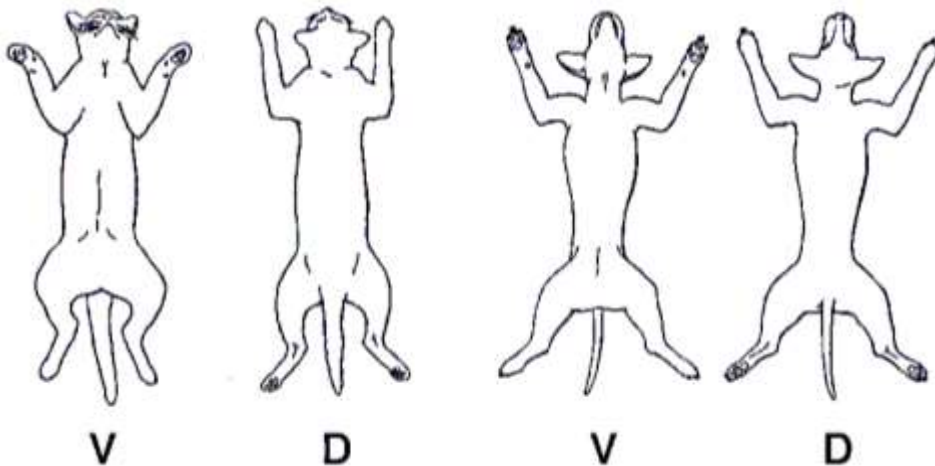
Clinical diagnosis: _____

Fixation: Yes No Fixative used: _____ Special stain requested: _____

Sample collected: _____ Time: _____ Collector's name: _____

Sample submitted: _____ Time: _____ Receiver's name: _____

Diagrams; picture, photo, layout etc.



Mammary tumors; Site,

0 0 0 0 0 L
Ant. ----- Post.
0 0 0 0 0 R

Remarks: