

IOWA STATE UNIVERSITY

Department of Veterinary Pathology

Histopathology Laboratory

1800 Christensen Drive, Room 2703
Ames, IA 50011-1134

vetmed.iastate.edu/vpath/services/diagnostic-services

Phone: 515-294-3282 | Fax: 515-294-7730

OCULAR HISTOPATHOLOGY SUBMISSION FORM

Veterinarian _____
Clinic _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____

Client _____
Patient _____ Species _____
Breed (if mix, predominant breed) _____
Age _____ Sex _____ Eye color _____

Date Sampled _____ Sampled eye: Right ___ Left ___
Specimen(s) submitted: Globe ___ Evisceration ___ Lid ___ Other (specify) _____

<i>Laboratory Use Only</i>	
Case Number: _____	Cord: _____
Clinical Submission: _____	ATU _____

Rush request: Yes ___ No ___
Insurance or litigation: Yes ___ No ___

Cases include special staining and/or two IHC stains.
Call prior to additional testing: Yes ___ No ___

History

Glaucoma: Yes ___ No ___

Clinical signs (include duration, progression, contralateral eye findings):

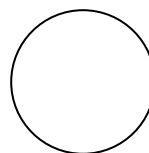
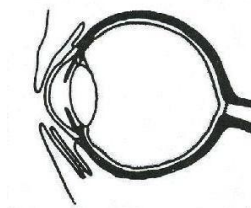
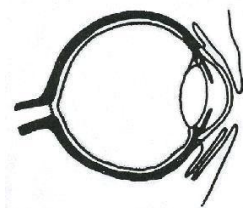
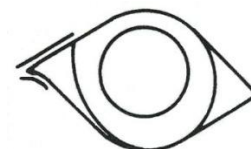
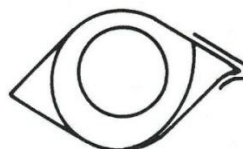
Treatment and response:

Clinical interpretation (include rule-outs):

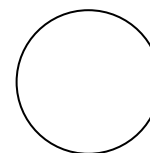
Special Concerns (requests, etc.):

Current Examination

Tonometry (mm Hg): Right ___ Left ___
Schirmer tear test (mm/min): Right ___ Left ___



Fundus



Results are available on our Client Website: <http://vetpath.cvm.iastate.edu>

*Contact 515-294-4188 to order mailers or cancel submissions.

Permission granted to provide duplicate results to ISU VTH _____
Signature