

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>



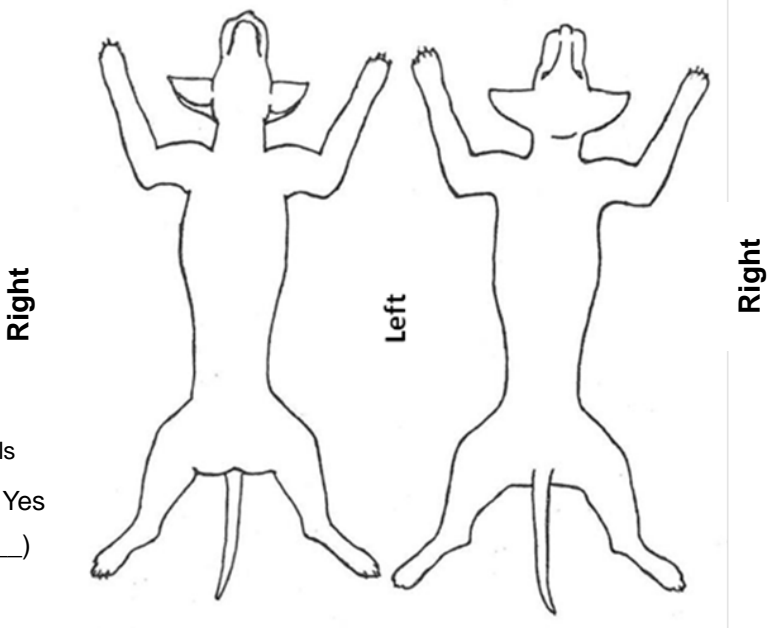
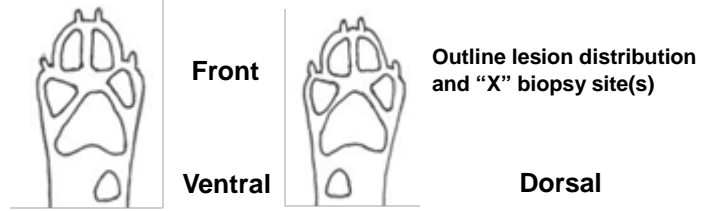
DIAGNOSTICS

LSU SCHOOL OF VETERINARY MEDICINE

BIOPSY FORM

PLACE STICKER HERE

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



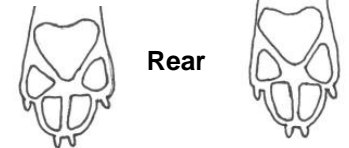
Please include Doctor's/Owner's/Animal's name on all specimen vials

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)