



AUBURN UNIVERSITY
COLLEGE OF VETERINARY MEDICINE

EQUINE OCULAR HISTOPATHOLOGY REQUEST FORM

Department of Pathobiology
172 Greene Hall
Auburn, AL 36849-5519
PH: 334-844-2690
Fax: 334-844-2652

OFFICE USE ONLY
ACCESSION LABEL

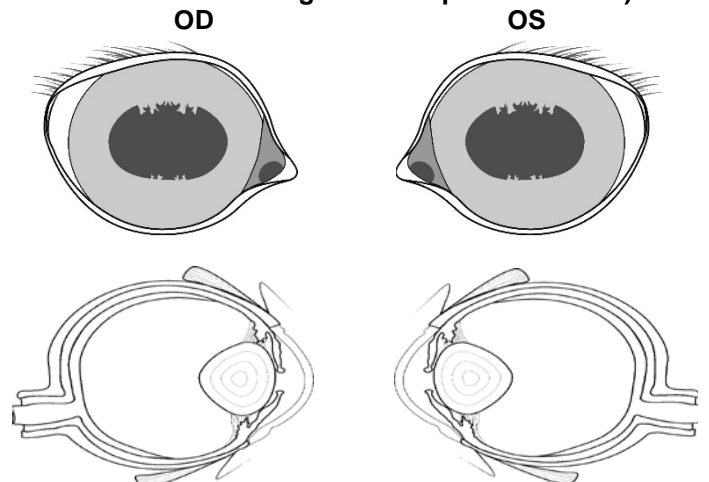
334-844-2690: Result inquiries
histopath@auburn.edu: (Submission request inquiries & photo uploads ONLY)

OWNER INFORMATION (ALL FIELDS REQUIRED)						CLINIC INFORMATION (ALL FIELDS REQUIRED)		
Name						Referring Veterinarian		
Address						Clinic Name		
City						Address		
State			Zip Code			City	State	Zip Code
Animal Id						Phone		
Species		Breed				Report Results (Please check all that apply)		
Sex	F/S	F/I	M/C	M/I	UNKNOWN	Fax		
Age	Month		Year			Email		

Sample	Globe	Cornea/Conjunctiva	Eyelid	Third Eyelid	Evisceration	Exenteration	
Eye	OS	OD	OU	Unknown			
Date of sample collection							
				Margin evaluation		Yes	No
Single enucleation, evisceration, exenteration				\$65.00	Non-globe tissue (lid, cornea, or conjunctiva)		\$65.00
Bilateral enucleation, evisceration, exenteration				\$100.00	Each additional sample (non-globe tissue) Qty (enter N° of extra samples to be evaluated)		\$20.00
Large globes (equine, bovine, camelid) (Processed the last weekend of each month)				\$100.00			

BRIEF CLINICAL HISTORY (including pertinent clinical signs, lab and imaging data)

OPHTHALMIC FINDINGS (please use the adjacent diagrams to add notations or drawings of the reported lesions)



IOP (mmHg) OD OS
Glaucoma Yes No Unknown
Duration / Unknown