



AUBURN UNIVERSITY
COLLEGE OF VETERINARY MEDICINE

OCULAR HISTOPATHOLOGY REQUEST FORM

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

OFFICE USE ONLY

ACCESSION LABEL

334-844-2690: Result inquiries

crs@auburn.edu: (Submission request inquiries & photo uploads ONLY)

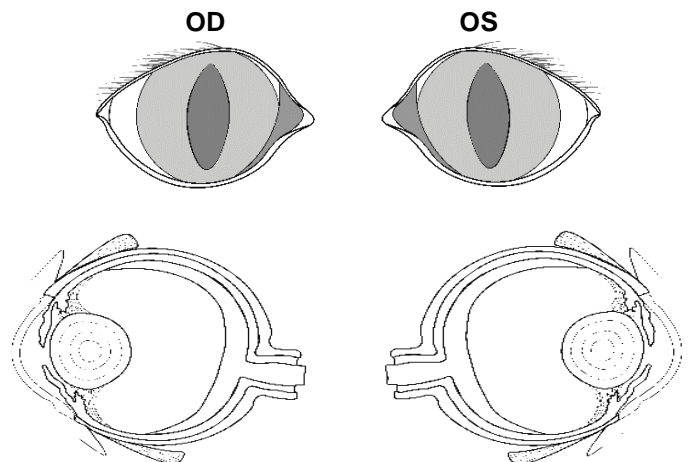
OWNER INFORMATION (ALL FIELDS REQUIRED)						CLINIC INFORMATION (ALL FIELDS REQUIRED)		
Name						Referring Veterinarian		
Address						Clinic Name		
City						Address		
State		Zip Code				City	State	Zip Code
Animal Id						Phone		
Species		Breed				Report Results (Please check all that apply)		
Sex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

Sample	Globe	Cornea	Eyelid	Third Eyelid	Evisceration	Exenteration	Other	
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 site (non-globe tissue)	\$20.00
Large globes (equine, bovine, camelid)	\$100.00		
(Processed the last weekend of each month)			

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