



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)

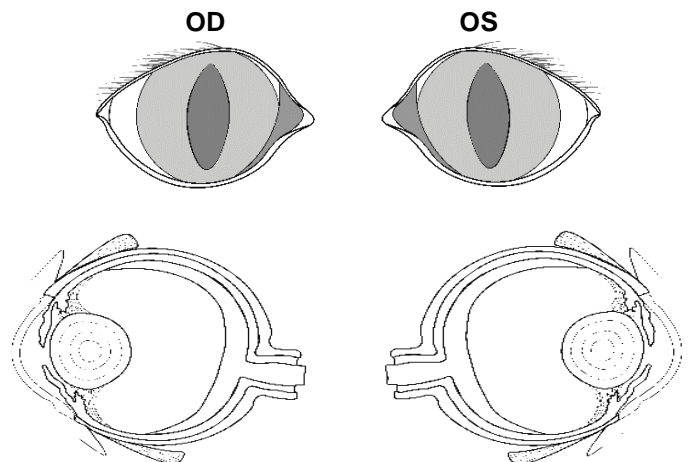
OWNER INFORMATION (ALL FIELDS REQUIRED)						CLINIC INFORMATION (ALL FIELDS REQUIRED)			
Name						Referring Veterinarian			
Address						Clinic Name			
City						Address			
State			Zip Code			City		State	Zip Code
Animal Id						Phone			
Species			Breed			Report Results (Please check all that apply)			
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	\$75.08	Non-globe tissue (lid, cornea, or conjunctiva)	\$75.08
Bilateral enucleation, evisceration, exenteration	\$105.00	Each additional site (non-globe tissue)	\$30.00
Large globes (equine, bovine, camelid)	\$105.00		
(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