

For Lab Use Only	
UNH No _____	
Charges: _____	
Pathologist: _____	

New Hampshire Veterinary Diagnostic Laboratory

University of New Hampshire
 21 Botanical Lane
 Durham, NH 03824
 603-862-2726; fax: 603-862-0179
 www.nhvdل.unh.edu



Submitting Veterinarian: _____ Clinic/Hospital: _____ Address: _____ City/Town: _____ State _____ Zip _____ Phone: (____) _____ Fax: (____) _____	Submission date: _____ Owner Name: _____ Address: _____ City/Town: _____ State: _____
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Results emailed unless otherwise indicated: Mail Fax Email

Provide email if not on file: _____

Test requested (check all that apply)

Histopathology Cytology Urinalysis Fungal
 Culture & Sensitivity PCR Parasitology _____
 Serology _____ Other: _____

Animal Information

ID/Name: _____

Species: Canine Feline Equine Bovine Caprine
 Porcine Ovine Avian Other: _____

Breed: _____

Age: _____ Yrs Mos Wks Days Fetus

Sex: M F MC FS

Specimen information

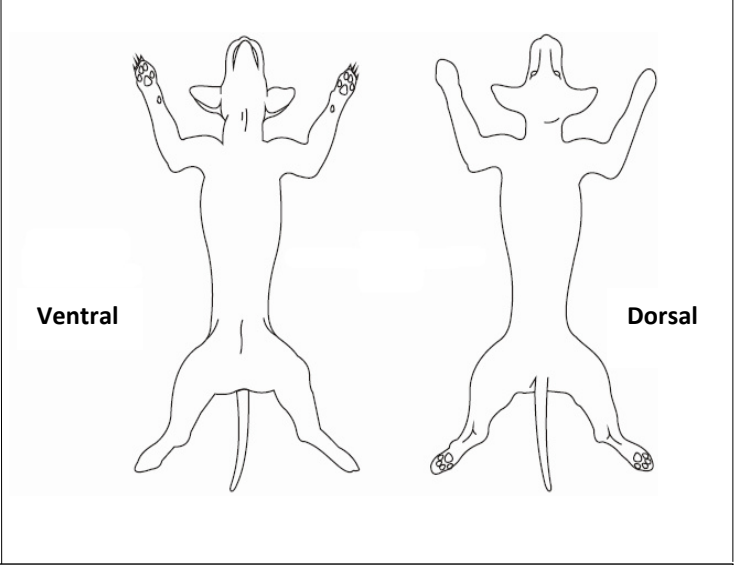
Specimen(s) submitted: _____

Previous biopsy submitted: Year _____ UNH No. _____

Antemortem Postmortem Date collected: _____

History/Clinical Summary _____

Check if history is continued on back or attached



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Lab notes:

Opened by: _____

USPS Courier Drop off

Date _____

Condition:

Leaked Damaged

Frozen Cold

Specimen, # of

Slides _____ Swab _____ Feces _____
 Tissue, fixed _____ Fluid _____ DTM _____ Blood/Serum _____
 Tissue, fresh _____ Urine _____ Hair _____ Other _____

Final: Faxed

Mailed Emailed