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 SAVC ACCREDITATION No: LF19/16115

# Histopathology Submission Form

Lab No:	
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Date of sample collection:	
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Sender Details:	Patient Details:
Clinic Name:	Name:
Vet:	Species:                      Breed:
E-mail:	Age:
Tel:	Sex:                                  Neutered/Spayed:
Cell:	Owner's Name:
	Number of specimens:
	List of Specimens:

History and clinical diagnosis:

Please indicate the site:	
Number of histopathology blocks <i>(for office use)</i> :	