

Patho-No.:

Date of receipt:

## Organ biopsy of living animals

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UNIVERSITÄT  
BERN

### Request for Histopathologic Examination of Organ Biopsies of living animals

(please use separate application for skin biopsies)

#### Veterinarian:

NAME/SURNAME: \_\_\_\_\_

STREET: \_\_\_\_\_

ZIP / CITY: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

#### Owner:

NAME/SURNAME: \_\_\_\_\_

STREET: \_\_\_\_\_

ZIP / CITY: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**SIGNALEMENT:**  Dog  Cat  Horse  Cattle  \_\_\_\_\_

Breed: \_\_\_\_\_ Name: \_\_\_\_\_

Sex:  m  f  castrated Age: \_\_\_\_\_

Organ(s): \_\_\_\_\_

**Anamnesis:** (symptoms, duration?)

Clinical (suspected) diagnosis: \_\_\_\_\_

In case of tumors:  Incisional Biopsy  Complete excision

Regional lymph node enlarged?  yes  no

#### LABORATORY DATA:

Bacteriology: \_\_\_\_\_ Mycology: \_\_\_\_\_

Parasitology: \_\_\_\_\_ Cytology: \_\_\_\_\_

Blood work: \_\_\_\_\_

#### TREATMENT:

Pretreated?  yes  no if yes, since when? \_\_\_\_\_

how long? \_\_\_\_\_

Drugs: \_\_\_\_\_  local  systemic

Response to therapy:  yes  temporarily  no

Do you agree that we will perform additional tests (immunohistochemistry, PCR) for an extra fee if necessary?  yes  no

If no information is given, the pathologist on duty will decide whether further examinations are necessary.

Locality / Date: \_\_\_\_\_ Signature: \_\_\_\_\_

By completing this form, you agree that your submission may be used for teaching and research purposes. Samples and data will be used in an encrypted form that does not allow any conclusions to be drawn about specific animals or owners.

New request forms and price list under: [www.itpa.unibe.ch](http://www.itpa.unibe.ch)