

**NORTH CAROLINA VETERINARY DIAGNOSTIC LABORATORY SYSTEM
REQUEST FOR SLIDES**

Date: _____ NCV DLS Accession #: _____ Pathologist: _____

Owner: _____ Animal Name: _____

Submitting Veterinarian: _____

Address: _____

Phone: _____ FAX: _____

Approved: _____ Date: _____

Submitting Veterinarian

Referral Requested By: _____

Address: _____

Phone: _____ Email: _____

Please select: H & E stained slides Unstained, + slides Unstained, thick sections

Slides Referred To: _____

Address: _____

Phone: _____ Email: _____

Pathologists at North Carolina Veterinary Diagnostic Laboratory System are interested in our clients pursuing advanced treatment and encourage the pursuit of additional tests not available at our facilities. We are also interested in monitoring quality control, so we would greatly appreciate receiving a referral or second opinion report on this case.

Please send the report to the pathologist specified above at:

Rollins Animal Disease Diagnostic Laboratory
1031 Mail Service Center, Raleigh, NC 27609-1031

or

FAX: 919 733-0454

Approved: _____ Date: _____

NCV DLS Pathologist