

SPECIMEN SUBMISSION

A completed Dermatopathology Specialty Service submission form must be submitted with the samples. Please make sure that the veterinarian's contact information and a history are completed in the submission form. A good clinical history is essential. It should include such things as signalment of patient, location and type of lesions, medication history, what you hope to learn from this biopsy, what your differentials are, and what diseases you would like to exclude (i.e., are dermatophytes present?)

If you do not already have a TVMDL account, please contact TVMDL at 888-646-5623, or 979-845-3414 to set up an account or discuss payment options before submitting the specimen.

Tissue samples should be submitted in 10% formalin in a leak-proof plastic container. The specimen should not be compressed, and there should be sufficient formalin to cover the specimen (ideally in a ratio of 1:10, specimen to formalin). The plastic container should then be placed inside a plastic Ziploc bag with absorbent material to absorb any leakage. Submission forms should not be placed inside the Ziploc bag as leakage can make paperwork unreadable. The Ziploc bag and separate paperwork should then be placed in a shipping box. No icepack is necessary.

Please mail specimens to the following address:

US Mailing address:

Dermatopathology Specialty Service,
TVMDL,
P.O. Box 3040,
College Station, Texas 77841

Shipping/Courier/GPS address:

Dermatopathology Specialty Service,
TVMDL,
483 Agronomy Road,
College Station, Texas 77840

BIOPSY GUIDELINES

Trim the hair with scissors. Wash biopsy site if necessary with plain water and pat dry. Crusts and scales should be left intact if possible as they are often important for histologic diagnosis. When taking biopsies, bear in mind that the more tissue submitted the more information can be obtained by the pathologist.

Punch biopsies: The standard punch biopsy for veterinary medicine should be 6- or 8-mm punch. Smaller diameter punches should only be used when a larger punch is impractical.

6- 8 mm punch – 2 - 4 biopsies.
4 mm punch – 3 - 5 biopsies.
3 mm punch – 3 - 6 biopsies.

Wedge biopsy is used for raised nodular lesions, margins of ear pinna and footpad lesions.

Excisional biopsies: for large pustules or blisters (bullae) and neoplastic & inflammatory diseases.

Unless the lesion is extremely localized, multiple skin biopsies should always be submitted. We recommend **4 biopsies should be taken per case:** Fully developed lesions are the most diagnostic. Early lesions can be diagnostic and should be biopsied if fully developed lesions are not present. In general, late and resolving lesions are less diagnostic.