



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?)

Please note: Payment must be made in advance of sample processing online using Flywire, a global software company that enables customers to make payments easily and securely online using a credit card. To order and make a payment, please click [here](#). After payment, you will receive an Order Number. This number must be placed on your Submission Form that is submitted with your sample for testing. If you have any questions or concerns, please contact our lab at 979-862-8485 or email us at dermpathimages@cvm.tamu.edu

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). If freezing temperatures are expected, addition of alcohol (e.g., ethanol, methanol or isopropyl) to the formalin can prevent the samples from freezing (1 part alcohol to 9 parts 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:

Dermatopathology Specialty Service
664 Raymond Stotzer Parkway
College Station, TX 77843-4467

BIOPSY GUIDELINES

Trim the hair with scissors. Do not scrub the surface if lesions are superficial. If necessary, wash biopsy site with plain water and pat dry. Crusts and scales should be left intact as they are often important for histological diagnosis. If crusts or scales fall off during biopsy collection, they should be submitted in formalin alongside the biopsies as they can still provide important information even when detached. Handle the biopsies very gently and do not squeeze the tissue with forceps to avoid crush artifact.

When taking biopsies, bear in mind that the more tissue submitted the more information can be obtained by the pathologist. 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 can be biopsied in addition or if fully developed lesions are not present. In general, late and resolving lesions are less diagnostic.

We recommend taking the biopsy from the center of the lesion, unless there is an ulcer or a vesicular/bullous disease. An elliptical biopsy including the margin of the lesion and the adjacent unaffected area is preferred in these cases.

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.

Wedge biopsies are used for raised nodular lesions, margins of ear pinna and footpad lesions.

Excisional biopsies are used for large pustules or blisters (bullae), subcutaneous/pannicular lesions and neoplastic & inflammatory diseases.

Alopecic areas: If no hairs are visible on the surface, please use a Sharpie marker to denote the direction of the hair growth before taking the biopsy.

