Specimen Preparation abd Labelling:

Slides should be labeled in pencil or marker specific to slide processing. Always include your laboratory or clinic, project reference ID, animals' identification, date, and contact information on all specimens.

Tissue samples from different sites should be placed in separate containers.• Always include your laboratory or clinic, project reference ID, animals' identification, date, and contact information on all external containers

1. **DO NOT** place small and large pieces of tissue in the same container.
2. Small or endoscopic specimens, should be placed in screened cassettes.
3. Provide all information required on the Sample Submission Form.
4. **NEVER** reuse specimen containers. They may contain residual tissues from a previous specimen and are often labeled with incorrect patient information.

Clinical History is vital in order for our pathologists to provide the most accurate intrepretation of the submitted specimen. Please indicate relevant clinical signs, ancillary findings (*radiographic, sonographic*) and reference any significant clinicopathologic data by indicating previous accession numbers on the submitted Submission Form. A gross description is helpful in interpreting the lesion(s).

Bone Marrow Slide Review

Specimen 8 or more slides - 2 stained with the remaining unstained slides

Comments Recommend a CBC performed in conjunction with bone marrow cytology. Please call 352-258-4055 for consultation on bone marrow collection and processing.

Cytology Slide Review

Specimen 2 or more stained or unstained slides per site. More than 4 slides per site will incur additional fees. Slides should be shipped in sealed, labeled containers and should not be exposed to formalin or other chemical fumes.

Comments If a fluid sample is submitted, cell counts must be performed at referring laboratory.

Histopathology Review

Specimen

Proper fixation is important in preserving specimens or histopathologic evaluation. Tissue should be fixed in 10% formalin at 10x the volume of the tissue. Large samples may be

trimmed prior to submission, however, the specimen should be inked and orientation noted prior to sectioning if margining evaluation is required.

All tissues **MUST** be submitted in an OSHA-approved formalin container with appropriate MSDS labeling and with wide-mouthed, plastic screw top lids to prevent leakage. Each jar must be labeled with your laboratory or clinic, animals' identification, date, and contact information.

We do not have ultracold freezer storage capacity and are unable to accept your fresh or frozen tissues at the time of necropsy. If toxins or viruses are the suspected etiologic agents, portions of the representative tissues should be frozen at -70ºC and stored at your facility. When bacterial or fungal cultures are indicated, these should be collected at your facility and submitted to the clinical reference laboratory decided upon. The choice to submit these tissues is usually based on the results of cytology or histopathology.

Special Samples

1. ***Endoscopic biopsies:*** Should be placed in meshed cassettes. Write the tissue source on the mesh cassette in pencil. Do not wrap tissue in gauze as this may create artifacts. Do not place small and large tissues in the same specimen jar; use separate specimen containers and label them.
2. ***Skin biopsies:*** 3 or more representative samples from the lesion and from the junction of the lesion with normal skin should be obtained. 4–6 mm punch biopsies or incisional biopsies are suitable.
3. ***Bone biopsies:*** Radiographs are helpful in determining the depth at which to obtain a core bone biopsy and assure a diagnostic sample. Decalcification is required for all bone biopsies and will delay turn-around time. Two samples (*5–10mm trephine bioposies*) taken at right angles and passing through the medulla and both cortices wil yield the best diagnostic samples.

Non Routine Samples

Non routine samples include digits, limbs, whole organs, hearts, and specimens larger than 6 cm. Additional charges will be incurred to cover the time and expertise required to appropriately gross these tissues for successful interpretation of lesions. Specimens requiring decalcification or additional fixation will require additional processing time.