

Request for Neuropathological Examination

for diagnostic purposes
 for scientific purposes
 for training purposes



Lab no.

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Vet

Practice

Street

City **ZIP code**

Country

Email

Reporting options
 per email only **per email and letter**

VAT no. for international invoicing

	Animal ID	Name	Owner	Species	Breed	Age	Sex
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Presented due to **Onset** **Course**

Neurological findings

Diagnostic imaging

Electrodiagnostics

Laboratory findings
 CSF: **Blood:**
 other:
 ...



Clinical differentials

Requested tests

Treatment & epicrisis **Disease course**

stagnant
 progressive
 remittent
 relapsing

Submitted material **collected**

in vivo
 postmortem
 on:

Received by the lab (date / time):