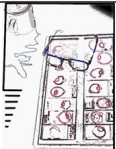
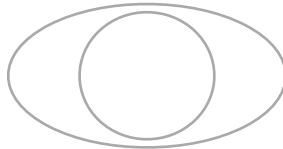


COPLOW Submissions <small>(Rev. 2021.08)</small>	For COPLOW Use Only
Comparative Ocular Pathology Laboratory of Wisconsin (COPLOW) Dr. Leandro Teixeira, Director School of Veterinary Medicine 2015 Linden Dr. #3308 Madison, WI 53706-1102 Phone (608) 263-4958 Fax (866) 441-2154 email: coplowfellow@vetmed.wisc.edu Submission guidelines: http://www.vetmed.wisc.edu/coplow	RD _____
	DV Horiz Obl
	Globe intact / collapsed WTG / Trimmed Adnexa Cornea Uvea Lens Vitreous Retina ONH Cut by _____ Kept: Other 1/2 Sub'd both 1/2s Remaining tissue None
H&E _____ White _____ Mega _____ Large _____	

Veterinarian	Client's Name <i>(first last)</i>
Clinic	Animal's Name
Address	Eye <input type="checkbox"/> OS <input type="checkbox"/> OD <input type="checkbox"/> OU <input type="checkbox"/> unk
E-mail billing	Sample <input type="checkbox"/> globe <input type="checkbox"/> cornea <input type="checkbox"/> lid <input type="checkbox"/> TEL <input type="checkbox"/> eviscer'n <input type="checkbox"/> exenter'n <input type="checkbox"/> other _____
E-mail report	Age ____ yrs. ____ mos. <input type="checkbox"/> unk
Phone _____ Fax _____	Sex <input type="checkbox"/> F <input type="checkbox"/> FS <input type="checkbox"/> M <input type="checkbox"/> MN <input type="checkbox"/> unk
<i>Return results by:</i> <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Both	Species <input type="checkbox"/> dog <input type="checkbox"/> cat <input type="checkbox"/> horse <input type="checkbox"/> other _____
Date of surgery _____ Prev. RD# _____	Breed _____

Ophthalmic findings



Indicate medial or lateral

IOP _____ **Other eye normal?** yes no
Glaucoma yes no unk **Iris color** _____ **Duration of problem** _____ unk

General medical conditions

Costs of services: You will be billed using the information provided above. Updated prices as of July 1, 2021.

<input type="checkbox"/> tissue analysis.....\$100	<input type="checkbox"/> large-animal globe analysis\$130	_____ # of slide copies per tissue
>3 samples will be \$10/location	<input type="checkbox"/> second opinion (slides submitted).....\$50	(\$10 regular/\$15 large)
<input type="checkbox"/> small-animal globe analysis\$120	<input type="checkbox"/> second opinion (block submitted).....\$70	Total Due (add all above).....\$ _____
<input type="checkbox"/> 2nd globe, same animal.....\$20	Previous case # required _____	<small>*We can no longer accept checks submitted with samples*</small>