

COPLOW Submissions

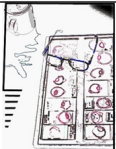
(Rev. 2022.09)

Comparative Ocular Pathology Laboratory of Wisconsin (COPLOW)

Dr. Leandro Teixeira, Director
School of Veterinary Medicine

2015 Linden Dr. #3308
Madison, WI 53706-1100

Phone (608) 263-4958
Fax (866) 441-2154
email: coplowfellow@vetmed.wisc.edu
Submission guidelines:
http://www.vetmed.wisc.edu/coplow



White _____

Mega _____

Large _____

For COPLOW Use Only

RD _____

Globe intact / collapsed

WTG / Trimmed

Cornea

Uvea

Lens

Vitreous

Retina

ONH

Cut by _____

DV

Horiz

Obl

Kept: Other 1/2 Sub'd both 1/2s Remaining tissue None

Veterinarian

Clinic

Address

E-mail billing

E-mail report

Phone

Fax

Return results by: Fax Email Both

Date of surgery

Prev. RD#

Patient's

Owner's Name

Patient's Name

Eye OS OD OU unk

Sample globe cornea lid TEL eviscer'n
 exenter'n other _____

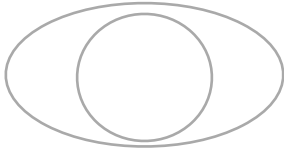
Age _____ yrs. _____ mos. unk

Sex F FS M MN unk

Species dog cat horse other _____

Breed _____

Ophthalmic findings



IOP _____

Glaucoma yes no unk

Iris color _____

Duration _____ unk

Gonioscopy results:

Other eye normal?

yes no

If no, please explain:

General medical conditions

_____ # of slide copies requested per tissue

Costs of services are available on our website.

Your clinic will be billed using the information provided above (do not send a check with your sample). We will not bill pet owners directly.