THEN AND NOW: STILL GROWING!
Since our start in 1985, we have received over 90,000 cases! We receive approximately 150 cases each week and continue to evolve to meet this diagnostic demand while meeting the rigors of being in an academic environment.

We thank all of our clients who continue to entrust us with their precious pathology samples. If you'd like to discuss cases more in depth, please call (608.263.4958) or email us (coplowfellow@vetmed.wisc.edu).

We also love to receive clinical images of cases!

WHAT'S YOUR DIAGNOSIS?
-9 year old spayed female miniature schnauzer
-What do you see in the hemisected globe?
-What do you notice in the globe histologically?

THE COPLOW CREW
DEPARTURES: Ryan Taylor, our staff pathologist of two years, departed in late July for a new position at Cornell University.
Rachel Potyen, our long-standing lab technician, has been admitted to and began veterinary school at the UW School of Veterinary Medicine in September.

NEWCOMERS: Kelsey Brakel joined our team as a fellow in January of 2022 after completing a pathology residency and PhD program at The Ohio State University. We hope she will stay on after her year of fellowship.
Megan Climans, a former COPLOW fellow, recently rejoined our team as a staff pathologist after completing a pathology residency here at UW. We are thrilled to have one of “our own” back in the saddle.

Liam Olds joined our team as a full-time lab technician doing all the imperative lab tasks.

ACCOMPLISHMENTS: Leandro was promoted to Associate Professor with tenure in April, and he was appointed as the recipient of the Richard R. Dubielzig Professorship in Comparative Ocular Pathology in July.

Dr. Leandro Teixeira
Lab Director

Dr. Richard Dubielzig
Lab Founder

Dr. Gillian Shaw
Staff Pathologist

Dr. Heidi Clark
Lab Manager

Dr. Megan Climans
Staff Pathologist

Dr. Kelsey Brakel
Fellow

Liam Olds
Lab Technician

VISIT COPLOW’S WEBSITE!
www.vetmed.wisc.edu/lab/coplow

We hope that you have perused our web-page! On it, you can find our latest submission form and instructions on specimen preparation, shipping, pricing and billing.
Asymmetric uveitis, or "severe lens-induced uveitis," which implies the patient's remaining eye is at an increased risk of developing similarly severe disease.

- Hemisected globe: Flocculent exudate in the ocular chambers and white tissue lining ocular surfaces (severe inflammation)
- Photomicrographs: Epithelioid macrophage carpeting of ocular surfaces and lymphoplasmacytic infiltration of uveal stroma. Degenerate lens protein free in the ocular chambers admixed with neutrophils and high protein fluid.

Price updates:
- To maintain financial feasibility, we must increase some prices to match increases from our histology laboratory
  - Immunohistochemical stains will be increased to $85 per marker
  - Regular-sized recuts will be $15 and extra-large slide recuts will be $20

Other updates:
- Please use our updated submission form when submitting cases.

COPLOW Rounds:
COPLOW bi-weekly teaching rounds are now open free for guests! Every two weeks, at 8am (Central Time) on Wednesdays, we hold ocular pathology teaching rounds. This has been held for an in-house audience to date, but we are opening it up for remote guests to benefit. Mark your calendars now starting at 8am CT Wednesday, September 21st, and going forward every other Wednesday morning. (Notice it is not a repeating monthly event (e.g., every third Wednesday).) The Zoom link will remain the same each week. We do not intend to send out reminders, so please be mindful of the date yourselves. Also, note that we are not conducting a verbal forum, so we kindly ask remote guests to mute yourselves. Comments or questions may be asked via chat.

The next rounds are Wednesday, September 21st at 8am Central Time. Link to Zoom meeting: COPLOW rounds

STAY CONNECTED!
FOLLOW US ON FACEBOOK
Thanks to Dr. Dubielzig, the founder of our lab, we have an active Facebook page with over 7,000 followers! He frequently updates the page with new images of fun, classic, and bizarre diseases as well as some comparative ocular anatomy and species differences.

WHAT'S YOUR DIAGNOSIS?
-Asymmetric uveitis, or "severe lens-induced uveitis," which implies the patient's remaining eye is at an increased risk of developing similarly severe disease
- Hemisected globe: Flocculent exudate in the ocular chambers and white tissue lining ocular surfaces (severe inflammation)
- Photomicrographs: Epithelioid macrophage carpeting of ocular surfaces and lymphoplasmacytic infiltration of uveal stroma. Degenerate lens protein free in the ocular chambers admixed with neutrophils and high protein fluid.
COPLOW submission guidelines
(more thorough explanations available on our website)

Shipping:
- USPS, UPS, FedEx accepted
- Do not pay for Saturday delivery
  - We’re not in the lab on Saturdays
- Address:
  - COPLow
    - 2015 Linden Dr, #3308
    - Madison, WI 53706-1102
- Ship in a box, NOT an envelope
- Put sample jar in one Ziploc bag and the submission form in a separate bag in case there is formalin leakage

Sample preparation:
- Remove all irrelevant extraocular tissues
  - If tumor present, describe where it is and leave all extraocular tissues attached
- Do not incise the globe or inject fixative into it
- Fix in 10% neutral buffered formalin (add alcohol during winter to prevent freezing)
- Small samples should be placed into cassettes so we can find them
- Keratectomy and conjunctival samples should be affixed to paper or index card when fresh, then immersion fixed to prevent curling

Payment:
- You will receive an invoice via email within 4-6 weeks of sample submission
- Pay by check or credit card (using instructions on invoice)

Turn around time:
- Once received, you will get a report within 4-5 days for uncomplicated cases

Clinical photo submission:
- We love clinical photos!
- Send them with patient's name to: coplowfellow@vetmed.wisc.edu

Second opinions:
- Contact original diagnostic lab and have them send the paraffin block or 5 unstained recuts of the slide(s). Please email/fax a completed COPLOW submission form and ideally include the original diagnostic report.

v. Sept 2022