

COFLOW Submissions

(Rev. 2022.11)

Comparative Ocular Pathology Laboratory of Wisconsin (COFLOW)

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Submission guidelines:
<http://www.vetmed.wisc.edu/coplow>



White _____

Mega _____

Large _____

For COFLOW 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 _____

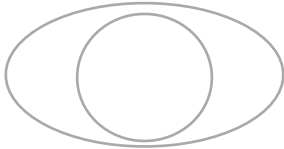
Age _____ yrs. _____ mos. unk

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. All submitted tissues become the property of COFLOW and may be used for research purposes.
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.