



**Equine  
Reproduction  
Service**

**Veterinary Diagnostic Laboratories**  
School of Veterinary Medicine  
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**Pathology (necropsy):** (01) 7166126  
**General Enquiries:** (01) 7166162/36

<p><b>Lab only:</b></p> <p>Date received: _____</p> <p>Lab no: _____</p> <p>Provet number: _____</p>
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# Endometrial Biopsy Submission Form

**Vet Name:** \_\_\_\_\_

**Practice Name:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_

**Animal Name/ID/tag no:** \_\_\_\_\_

**Breed:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date biopsy taken:** \_\_\_\_\_

*This is a teaching and research institution and as such, tissue samples and anonymised data collected may be used and retained to further our knowledge of diseases in animals.*

**Volume of tissue : formalin 1:>10**

**Number of sample(s) submitted and location(s):**

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**Reproductive history:**

<p><b>Has the mare had foals previously? (circle)</b> _____ <b>Yes/No</b></p> <p>If yes: how many? _____</p> <p>Date of last foaling: _____</p> <p>Is there history(ies) of any pregnancy or parturition complications (incl early embryonic loss, placentitis, abortion) Outline details:</p> <p>_____</p> <p>_____</p>
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<p><b>If the mare has had issues conceiving:</b></p> <p>How many breeding attempts have there been during the infertility period? : _____</p> <p>Semen used (fresh/cooled/frozen)? : _____</p> <p>Is the mare used for embryo transfer or to carry her foal? : _____</p> <p>Have there been any diagnosed infections? If yes, please give details (infectious organism, sensitivity, treatment(s) and/or intervention(s) attempted:</p> <p>_____</p> <p>_____</p>
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<p><b>Does the mare have issues with fluid around cover? (circle)</b> _____ <b>Yes/No</b></p> <p>Has any anatomical defect of the reproductive tract been identified? If yes, describe _____</p> <p>_____</p> <p>Have any US changes been detected (variation of echogenicity, heterogenous uterus)?</p> <p>_____</p>
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