

Submission form

Pathology

Customer-No. / Barcode

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Business hours: Mon - Fri: 8:00 - 19:00 h, Sat: 9:00 - 13:00 h

Submitting veterinary clinic:
 (Stamp or block letters)

Sample:
 Biopsy
 Tumour
 Organ
 Aspirate
 Cytol. slide
Localization:

Owner's address:

Name: _____
 First name: _____
 Street: _____
 Zipcode/city: _____
 Fax/e-mail: _____
 Tel.No.: _____

VAT-ID : _____
 Fax/e-mail: _____
 Date and signature: _____

Courier

Animal data:

Dog Cat Horse Other: _____ Name: _____
 Sex: F M F.N. M.N. Breed: _____ Patient-ID: _____
 Date of sampling: _____ Previous lab-No.: _____ Date of birth: _____

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Aspirate

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- 201 Histopathology**
 (tumor diagnostics, dermatopathology, pathology of organs, endoscopic biopsies)
- 260 Endometrial biopsy (mare)**
- 203 Immunohistology**
 following histopathology e.g.:
 - CD3/CD20 (lymphoma)
 - c-kit, Ki-67 (mast cell tumor)
 - epithelial / mesenchymal markers
 - infections: FeLV, FHV, FCoV ("FIP"), parvovirus
- 204 Cytology**
 (aspirate, impression smears, vaginal cytology)
- 244 Bone Marrow Cytology**
 (bone marrow (in EDTA-tube + smear), complete blood count (EB))

- 205 Thorax, Abdomen**
 (cytology, total protein, specific gravity, cell count, Rivalta's test, cholesterol, triglycerides, LDH, glucose)
- 206 Cerebrospinal Fluid (CSF)**
 (cytology, total protein, specific gravity, cell count, glucose)
- 207 Synovia, Others**
 (cytology, total protein, specific gravity, cell count)

Additional Tests

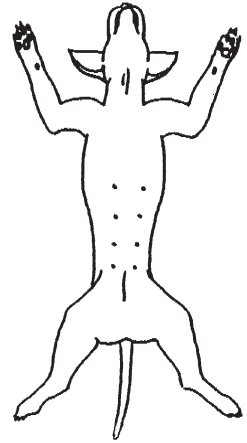
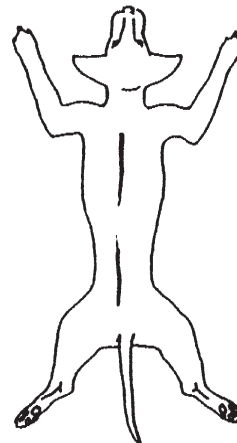
- 9418 Lymphocyte Clonality (PARR)**
- 150 Bacteriology**
- 151 Mycology**
- 165 Anaerobes**
 incl. differentiation

Medical history / requests

Characteristics of the suspected tumor

- | | |
|---|---|
| <input type="checkbox"/> invasive | <input type="checkbox"/> multiple |
| <input type="checkbox"/> expansive | <input type="checkbox"/> recurrence |
| <input type="checkbox"/> solitary | <input type="checkbox"/> metastasising |

List of differential diagnoses



General information on skin lesions

Current main skin problem: _____
Problem since: _____
Appearance of early lesions: _____
Systemic illness: yes no _____
Previous skin or ear problems: yes no _____
Other animals or people affected: yes no _____
Symmetry: yes no _____
Seasonality: yes no _____
Pruritus: yes no _____
Degree of pruritus: mild 1 2 3 4 5 6 7 8 9 10 severe

Lesions

- Alopecia
- Depigmentation
- Epidermal collarette
- Erosions
- Erythema
- Excoriation
- Hyperpigmentation
- Callus
- Nodule
- Comedo
- Claw lesions
- Crust
- Lichenification
- Macule
- Scar
- Papule
- Foot pad lesions
- Plaque
- Pustule
- Scale
- Ulcer
- Vesicle

Antibiotics:

Lesions resolved: yes no
Lesions recur when therapy discontinued: yes no

Previous diagnostics

Skin Scrapings: yes no _____
Superficial Cytology: yes no _____
Bacterial culture: yes no _____
Fungal culture: yes no _____
Elimination diet: yes no _____
Wood's light/hair: yes no _____
Allergy testing: yes no _____
CBC, chemistry: yes no _____
Hormone assays: yes no _____
Immunology (ANA): yes no _____
Biopsy: yes no _____
Others: _____

Previous Treatment

Antibiotics: yes no _____
Type _____ Duration _____ Response _____ %
Antihistamines: yes no _____
Type _____ Duration _____ Response _____ %
Anti-yeast/fungals: yes no _____
Type _____ Duration _____ Response _____ %
Glucocorticoids: yes no _____
Type _____ Duration _____ Response _____ %
Shampoo therapies: yes no _____
Type _____ Duration _____ Response _____ %
Flea controls: yes no _____
Type _____ Duration _____ Response _____ %
Anti-scabies: yes no _____
Type _____ Duration _____ Response _____ %
Futher: yes no _____
Type _____ Duration _____ Response _____ %

Further comments:

Feel free to call us

Supply Order:	<input type="checkbox"/> 3 Serum tubes	<input type="checkbox"/> 7 EDTA tubes	<input type="checkbox"/> 14 Histology containers	<input type="checkbox"/> 100 Submission forms-Allergy	<input type="checkbox"/> 160 Submission forms-Hygiene
<input type="checkbox"/> 2 Citrate tubes	<input type="checkbox"/> 7 Urine containers	<input type="checkbox"/> 14 Histology containers (formalin)	<input type="checkbox"/> 110 Submission forms-General	<input type="checkbox"/> 150 Submission forms-Farm	<input type="checkbox"/> 150 Submission forms-Pathology
<input type="checkbox"/> 3a Heparin tubes	<input type="checkbox"/> 6 Swabs (with medium)	<input type="checkbox"/> 5 Faeces containers	<input type="checkbox"/> 170 Submission forms-Genetics Dog	<input type="checkbox"/> 120 Submission forms-Equine	<input type="checkbox"/> 130 Submission forms-Reptiles
<input type="checkbox"/> 4 NaF tubes	<input type="checkbox"/> 6a Swabs (without medium)	<input type="checkbox"/> 6 Containers for swabs	<input type="checkbox"/> 190 Submission forms-Genetics Cat	<input type="checkbox"/> 140 Submission forms-Birds and Small Mammals	
<input type="checkbox"/> 10 Envelopes	<input type="checkbox"/> 11 Containers for tubes		<input type="checkbox"/> 180 Submission forms-Genetics Equine		
<input type="checkbox"/> 80 Barcodes	<input type="checkbox"/> 12 Slide containers				
	<input type="checkbox"/> 22 Packing boxes				

General Business Conditions:

All prices in Euro ex. VAT / All statements according to our business conditions. See www.laboklin.com / All terms and prices are subject to change.

GB - 006004023 / 17/07