

Owner

IDEXX

MOVET · TAMPERE

IDEXX Reference Laboratories

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Tunnus 5017683  
71006 VASTAUSLÄHETYS

BARCODE

PATIENT

☐ canine ☐ male  
☐ feline ☐ female  
☐ equine ☐ neutered, when?  
TT MM JJJJ  
☐ other (please specify)  
breed  
age in years  
name/microchip no.

INTERN

☐ PU  
☐ GW  
☐ OB  
☐ HS  
☐ HA  
☐ AB  
☐ S  
☐ E  
☐ KM

VETERINARY SURGEON (CLINIC STAMP)

PLEASE USE THE ORIGINAL SUBMISSION FORM.  
DON'T SEND IN COPIES.

With sending the order you accept the general trading  
conditions: www.idexx.fi  
IDEXX considers proper processing of personal data to  
be highly important and has adopted the privacy policy  
which can be found on www.idexx.com/privacy

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HISTOLOGICAL EXAMINATION

Regular TAT

☐ **HISTS** Dermatopathology - diffuse (masses → HISTU1-9)  
☐ **HISTGI** Gastrointestinal biopsies (dog/cat), endosc./surgical  
☐ **HISTLIV** Liver biopsies - chronic hepatitis (dog)

☐ **HISTUL** Complex/large samples (organs, bones, mamma ≥ 3 glands)  
☐ **HISTXL2** Complex/large sample + 1 additional sample  
☐ **HISTXL3** Complex/large sample + 2 additional samples  
☐ **HISTXL4** Complex/large sample + ≥ 3 additional samples

☐ **HISTU1** 1 site - all except those listed above (see price list)  
☐ **HISTU2** 2 sites  
☐ **HISTU3** 3 sites  
☐ **HISTU4** 4 sites  
☐ **HISTU5** 5 sites  
☐ **HISTU6** 6 sites  
☐ **HISTU7** 7 sites  
☐ **HISTU8** 8 sites  
☐ **HISTU9** >8 sites

MATERIAL/SAMPLE AND HISTORY

**CYTOLOGY** ☐ impression ☐ fine-needle aspiration  
☐ wash/lavage ☐ others:

**HISTOLOGY** Tumor resection: ☐ complete ☐ partial  
☐ skin (complete reverse side)  
☐ others:

Number of samples/slides: Date of sampling:

Size of alteration:

Location:

Distribution of lesions: ☐ solitary ☐ multiple

Whole lesion/tumor submitted: ☐ yes ☐ no

Clinical signs since:

Clinical suspicion/differential diagnosis:

Current treatment:

Lymph node involvement:

☐ yes, where? ☐ no

Relapse: ☐ yes ☐ no Previous diagnosis:

CYTOLOGICAL EXAMINATION

Cytological examination max. 4 slides per site

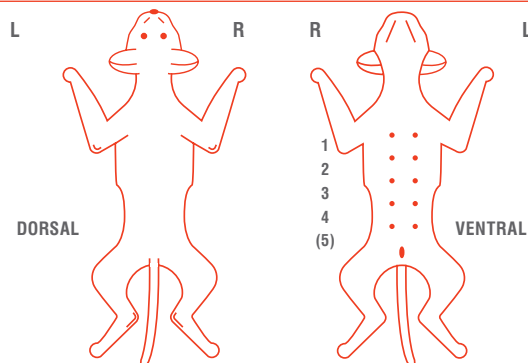
☐ 1 **CYTU1** ☐ 2 **CYTU2** ☐ 3 **CYTU3** ☐ 4 **CYTU4** ☐ 5 **CYTU5**  
☐ 6 **CYTU6** ☐ 7 **CYTU7** ☐ 8 **CYTU8** ☐ 9 **CYTU9** > 8 sites

☐ **CYTUBB** Blood smear incl. large blood count (please submit blood smear)

☐ **CYTUSYN** Synovia (slide only)

☐ **URCYTO** Urine cytological examination

☐ **CBRAF** BRAF mutation urothelial carcinoma (dog)



Sample from body cavities ☐ yes ☐ no



(Please add further anamnestic information to backside)

<sup>a</sup> This service cannot be offered for samples that require prolonged fixation or decalcification.

<sup>b</sup> Antimycogram not possible.

<sup>c</sup> Antibigrams and organism differentiation come standard when pathogenic organisms are grown

Additional Information: Skin Biopsies/Excisions and Dermatoses								
Primary Lesions		Contact with other animals						
<input type="checkbox"/> macules	<input type="checkbox"/> papules	<input type="checkbox"/> nodules	<input type="checkbox"/> erythema					
<input type="checkbox"/> pustules	<input type="checkbox"/> wheals	<input type="checkbox"/> blisters						
Secondary Lesions		Dermatological changes in these animals						
Hyperpigmentation	<input type="checkbox"/> yes	<input type="checkbox"/> no						
Loss of pigmentation	<input type="checkbox"/> yes	<input type="checkbox"/> no						
Original hair color in affected areas:								
Ulcerations	<input type="checkbox"/> yes	<input type="checkbox"/> no						
Scars	<input type="checkbox"/> yes	<input type="checkbox"/> no						
Scales	<input type="checkbox"/> localised	<input type="checkbox"/> diffuse	<input type="checkbox"/> not present					
Crusting	<input type="checkbox"/> localised	<input type="checkbox"/> diffuse	<input type="checkbox"/> not present					
Other:								
Hair loss		Diet/Dietary Supplements						
<input type="checkbox"/> localised	<input type="checkbox"/> diffuse	<input type="checkbox"/> symmetrical	<input type="checkbox"/> no					
Skin Condition		<input type="checkbox"/> wet food		<input type="checkbox"/> dry food	<input type="checkbox"/> leftovers/human food			
<input type="checkbox"/> oily	<input type="checkbox"/> dry	<input type="checkbox"/> brittle	<input type="checkbox"/> normal	<input type="checkbox"/> other:				
Itching		Medication Used (e.g. steroids, antibiotics, antiparasitics, vaccination)						
<input type="checkbox"/> strong	<input type="checkbox"/> weak	<input type="checkbox"/> no	Last medication (date):					
Ectoparasites		Skin Symptoms Worsen						
<input type="checkbox"/> yes, which? <input type="checkbox"/> no		<input type="checkbox"/> in the morning				<input type="checkbox"/> in the evening	<input type="checkbox"/> when indoors	<input type="checkbox"/> outdoors
Treatment:		<input type="checkbox"/> in spring				<input type="checkbox"/> summer	<input type="checkbox"/> autumn	<input type="checkbox"/> winter
Change of habitat during the last year/ travel abroad		Intended use of the animal						
<input type="checkbox"/> yes, when? <input type="checkbox"/> no		Other Laboratory Results						
from where?		(please quote our reference number if applicable)						
change to?								
Further Comments / Main Anamnestic Information								

For Lab Use Only