

Owner

IDEXX Reference Laboratories

Postal address for sample submission:
 Vet Med Labor GmbH
 Mörikestr. 28/3
 D - 71636 Ludwigsburg
 Germany
www.idexx.fi · www.idexx.no
www.idexx.se · www.idexx.dk

Tel. DK 4 33 10439 · SE 08 51 989566
 FI 09 725 22253 · NO 240 55110
 Fax +49 7141 6483 555
Referencelabs-Sweden@idexx.com
Referencelabs-Denmark@idexx.com
Referencelabs-Finland@idexx.com
Referencelabs-Norway@idexx.com

HISTOPATHOLOGY/CYTOLOGY 2019 INT

BARCODE

PATIENT

<input type="checkbox"/> canine	<input type="checkbox"/> male
<input type="checkbox"/> feline	<input type="checkbox"/> female
<input type="checkbox"/> equine	<input type="checkbox"/> neutered, when?
TT MM JJJJ	
<input type="checkbox"/> other (please specify)	
breed	
age in years	
name/microchip no.	

INTERN

<input type="checkbox"/>	PU
<input type="checkbox"/>	GW
<input type="checkbox"/>	OB
<input type="checkbox"/>	HS
<input type="checkbox"/>	HA
<input type="checkbox"/>	AB
<input type="checkbox"/>	S
<input type="checkbox"/>	E
<input type="checkbox"/>	KM
<input type="checkbox"/>	FD

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 · www.idexx.no · www.idexx.se · www.idexx.dk
 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

INTERNAL

--	--	--	--

REQUIRED TEST / PROFILE

<input type="checkbox"/> 301	Histopathology
<input type="checkbox"/> 302	Cytology
<input type="checkbox"/> 303	Cytology (bone marrow: please send also a blood smear and haemogram data)
<input type="checkbox"/> 304	Skin profile 1 (incl. bacteriology/native material required)
<input type="checkbox"/> 305	Skin profile 2* (incl. mycology/native material required)
<input type="checkbox"/> 306	Skin profile 3* (incl. bacteriology+mycology/native material required)
<input type="checkbox"/> 307	Skin profile 4 (incl. sarcoptes ab/serum required/only dog)
<input type="checkbox"/> 308	Skin profile 7 (incl. allergy screening (without flea)/serum required)
<input type="checkbox"/> 309	Antibiogram routinely done when pathogenic organisms are cultured
<input type="checkbox"/> 310	Antimycogram (only for mycology culture and for yeasts)

MATERIAL/SAMPLE AND HISTORY

CYTOLOGY impression fine-needle aspiration
 wash/lavage bone marrow
 blood others:

HISTOLOGY Tumour: excision incision
 skin (complete reverse side)
 Gut: endoscopy full thickness
 others:

Number of samples/slides: _____ Date of sampling: _____

Size of alteration: _____
 Location: _____
 Number of lesions: solitary multiple
 Whole lesion/tumour submitted: yes no
 Clinical signs since: _____
 Clinical suspicion/differential diagnosis: _____
 Current treatment: _____
 Response to: antibiotics yes no
 glucocorticoids yes no
 Lymph node involvement: yes, which? no
 Relapse: yes no
 Previous diagnosis: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

- Please mark the affected area.
- With widespread lesions, please mark the primary lesion with 0.
- Mark the area(s) of sampling with X.

DORSAL VENTRAL

PROFILE

Sample from body cavities yes no

(Please add further anamnestic information to backside)

* without antimycogram



0 1 2 4 8 0 1 2 4 8 0 1 2 4 8

ADDITIONAL INFORMATION: SKIN BIOPSIES/EXCISIONS AND DERMATOSES**1. PRIMARY LESIONS**

macules papules nodules erythema
 pustules wheals blisters

2. SECONDARY LESIONS

HYPERPIGMENTATION yes no
ULCERATIONS yes no
SCARS yes no
SCALES localised diffuse not present
CRUSTING localised diffuse not present
OTHER::

3. HAIR LOSS

localised diffuse symmetrical no

4. SKIN CONDITION

oily dry brittle normal

5. ITCHING

strong weak no

ECTOPARASITES

yes, which? no
 Treatment:

CHANGE OF HABITAT DURING THE LAST YEAR/ TRAVEL ABROAD

yes, when? no
 from where?
 change to?

CONTACT WITH OTHER ANIMALS

yes, which? no

DERMATOLOGICAL CHANGES IN THESE ANIMALS

yes, which sort? no

DIET/DIETARY SUPPLEMENTS

canned food dry food leftovers/human food
 other:

MEDICATION USED (incl. deworming/vaccination)**SKIN SYMPTOMS WORSEN**

in the morning in the evening when indoors outdoors
 in spring summer autumn winter

INTENDED USE OF THE ANIMAL**OTHER LABORATORY RESULTS**

(please quote our reference number if applicable)

FURTHER COMMENTS / MAIN ANAMNESTIC INFORMATION**FOR LAB USE ONLY**