

Owner



IDEXX Reference Laboratories

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HISTOPATHOLOGY/CYTOLOGY 2020 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.
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INTERNAL

REQUIRED TEST / PROFILE

<input type="checkbox"/> CYTU	Cytology, 1 – 3 sites
<input type="checkbox"/> CYTU4	Cytology, 4 – 8 sites
<input type="checkbox"/> CYTU9	Cytology, > 8 sites
<input type="checkbox"/> HISTU	Histopathology, 1 – 3 sites*
<input type="checkbox"/> HISTU4	Histopathology, 4 – 8 sites*
<input type="checkbox"/> HISTU9	Histopathology, > 8 sites*
<input type="checkbox"/> HISTUL	Histopathology, Large samples (e.g. complete spleen, mamme)
<input type="checkbox"/> CYTUBB	Cytological examination of blood incl. small blood count
<input type="checkbox"/> CYTUKM	Cytology (bone marrow: please send also a blood smear and haemogram data)
<input type="checkbox"/> HAP1	Skin profile 1 (incl. bacteriology/native material required)
<input type="checkbox"/> HAP2	Skin profile 2** (incl. mycology/native material required)
<input type="checkbox"/> HAP3	Skin profile 3** (incl. bacteriology + mycology/native material required)
<input type="checkbox"/> HAP4	Skin profile 4 (incl. sarcoptes ab/serum required/only dog)
<input type="checkbox"/> HAP7	Skin profile 7 (incl. allergy screening (without flea)/serum required)
<input type="checkbox"/> ABIO	Antibiogram routinely done when pathogenic organisms are cultured

MATERIAL/SAMPLE AND HISTORY

CYTOLOGY impression fine-needle aspiration
 wash/lavage others:

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

PLEASE PROVIDE THE FOLLOWING INFORMATION:
 1. Please mark the affected area.
 2. With widespread lesions, please mark the primary lesion with 0.
 3. Mark the area(s) of sampling with X.

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:
 antibiotics yes no Response yes no
 glucocorticoids yes no Response yes no
 Intralesional injection yes no

Lymph node involvement:
 yes, which? no

Relapse: yes no
Previous diagnosis:

L	R	R	L
DORSAL		VENTRAL	
		1 2 3 4 5	
Sample from body cavities <input type="checkbox"/> yes <input type="checkbox"/> no			
PROFILE			

(Please add further anamnestic information to backside)

*Skin biopsies referring to one disease are regarded as a single submission (HISTU).
 ** Not available 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**