

SUBMISSION FORM SKIN HISTOPATHOLOGY

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**Ideal samples: 8mm punch, or elliptical for deep/transitional/nasal panum lesions; 6-8 samples (min.4) from range of lesions
DO NOT clean or apply antiseptics to skin prior to biopsies (can apply after samples are collected & sutures placed).**

OWNER'S SURNAME:		PATIENT NAME:	
CLINIC NAME:		CLINICIAN:	Dr.
CLINIC ADDRESS:	<input type="radio"/> As before or		
POST CODE:		<input type="radio"/> Canine	<input type="radio"/> Feline <input type="radio"/> Other:
BREED:		SEX:	<input type="radio"/> F <input type="radio"/> FS <input type="radio"/> M <input type="radio"/> MC
DATE OF BIRTH / AGE:		COLLECTION DATE:	
EMAIL ADDRESS:		MOBILE NUMBER:	
SUSPECTED / CONSIDERED DIAGNOSES:	<input type="radio"/> Allergic <input type="radio"/> Endocrine <input type="radio"/> Neoplastic <input type="radio"/> Immune-mediated <input type="radio"/> Infectious <input type="radio"/> Unsure <input type="radio"/> Other:		
RELEVANT HISTORY:	<input type="radio"/> Pruritus <input type="radio"/> Alopecia <input type="radio"/> Erythema <input type="radio"/> Scaling <input type="radio"/> Nodule/s <input type="radio"/> Pustules <input type="radio"/> Papules <input type="radio"/> Pigmentation <input type="radio"/> Hyperpigmentation <input type="radio"/> Lichenification <input type="radio"/> Erosion/ulceration <input type="radio"/> Crusting		
OTHER DETAILS:			
AFFECTED AREAS:			
DURATION OF SKIN DISEASE:			
RECENT TREATMENT/RESPONSE:			
OTHER TESTS/RESULTS:	<input type="radio"/> Skin Scrapings: <input type="radio"/> Cytology:		

 **Email photos & additional history to:**
dermatology@sashvets.com

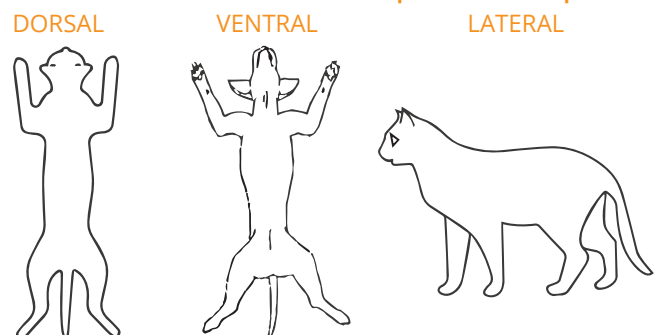
BIOPSIES: SEND DIRECT TO HISTO LAB






Please book a courier by calling IDEXX Laboratory 1300 44 33 99
Press Option 1 for Reference Laboratory then Option 1 for sample pickup or Option 9 for urgent pick-up. Enter your Unique Clinic Identifier (if prompted), do not hang up until your booking is confirmed. You will receive an email to confirm your booking.

RECUTS: REQUEST YOUR LAB

Send routine H&E stained recuts from previously processed biopsies to:
Dermatology
Small Animal Specialist Hospital
PO Box 157
North Ryde NSW 1670

Please indicate location of biopsies for all species:



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