

# IDEXX 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:		
<b>SUSPECTED / CONSIDERED DIAGNOSES:</b> <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:			
<b>RELEVANT HISTORY:</b> <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:			

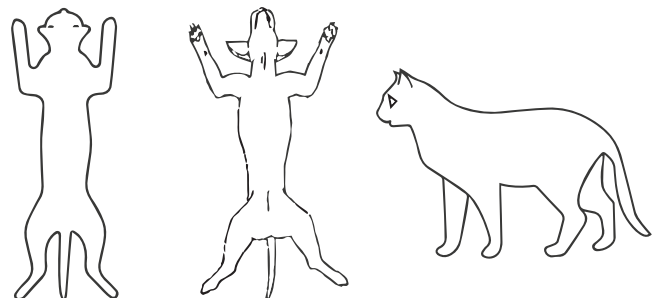
 **Email photos & additional history to:**  
dermatology@sashvets.com







**BIOPSIES: PRICE \$299.00 incl GST**  
SEND WITH SUBMISSION FORM DIRECT TO HISTO LAB USING IDEXX COURIER: Book a courier by calling IDEXX Laboratory 1300 44 33 99.

**2nd OPINION: PRICE \$199.00 incl GST**  
REQUEST YOUR LAB: Send H&E stained sections from previous biopsies to: Dermatology, Small Animal Specialist Hospital PO Box 157, North Ryde NSW 1670.

EMAIL OR POST THIS SUBMISSION FORM to [dermatology@sashvets.com](mailto:dermatology@sashvets.com) or Dermatology, Small Animal Specialist Hospital PO Box 157, North Ryde NSW 1670.

**Please indicate location of biopsies for all species:**  
DORSAL    VENTRAL    LATERAL



 SASHVETS.COM     (02) 9889 0289     @sashvets  
 1 Richardson Place, North Ryde, 2113     @sash\_vets  
 2 Bounty Close, Tuggerah, 2259