

# VETNOSTICS & SASH SUBMISSION FORM

## SKIN HISTOPATHOLOGY



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Specialist Veterinary Dermatologists

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).

BARCODE

OWNER'S SURNAME:			PATIENT NAME:		
SPECIES:	<input type="radio"/> Canine <input type="radio"/> Feline <input type="radio"/> Other	BREED:			
DATE OF BIRTH / AGE:			COLLECTION DATE:		
DR CODE	9SADA	TEST CODE	SDV	SEX:	<input type="radio"/> F <input type="radio"/> FS <input type="radio"/> M <input type="radio"/> MC
CLINIC NAME:			CLINICIAN:	DR:	
CLINIC ADDRESS:	<input type="radio"/> As before or				
POST CODE:			POTS SUBMITTED:	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5+	
EMAIL ADDRESS:			CONTACT 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:					
SUSPECTED / CONSIDERED DIAGNOSES:					
OTHER TESTS/RESULTS:			<input type="radio"/> Skin Scrapings: <input type="radio"/> Cytology:		

Email photos & additional history to: [dermatology@sashvets.com](mailto:dermatology@sashvets.com) **Please indicate location of biopsies for all species:**

**BIOPSIES: PRICE \$299.00 incl GST**

**SUBMITTING BIOPSIES:**

METRO: Contact Vetnostics/Laverty courier 9005 7022.

REGIONAL: Contact Vetnostics/Laverty Regional lab

POST TO: ATTN: SRA, Vetnostics, 60 Waterloo Road, North Ryde NSW 2113.

OR DROP INTO RECEPTION at SASH Sydney or SASH Central Coast

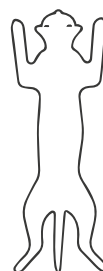
1 Richardson Place, North Ryde, 2113

2 Bounty Close, Tuggerah, 2259

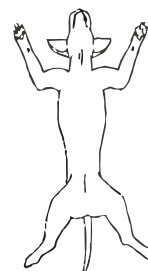
**2nd OPINION: PRICE \$199.00 incl GST**

REQUEST YOUR LAB: Send H&E stained sections from previous biopsies to: Dermatology, Small Animal Specialist Hospital, PO Box 157, North Ryde NSW 1670.

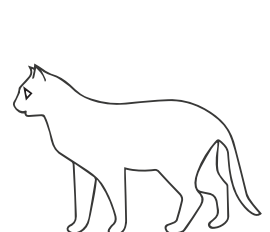
DORSAL



VENTRAL



LATERAL



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