## IDEXX SUBMISSION FORM



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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).

OWNER'S SURNAME:			PATIENT NAME:		
CLINIC NAME:			CLINICIAN:	Dr.	
CLINIC ADDRESS:	As before o	r			
POST CODE:			Canine Feline	e 🔵 Other:	
BREED:			SEX: F	◯ FS ◯ M	мс
DATE OF BIRTH / AGE:			COLLECTION DATE:		
EMAIL ADDRESS:			MOBILE NUMBER:		
SUSPECTED / CONSIDER	ED DIAGNOSES:	Allergic	C Endocrine	Neoplastic 🔵 Im	mune-mediated
O Infectious	O Unsure	Other:			
RELEVANT HISTORY:	O Pruritus	Alopecia	) Erythema 🔵 Scalin	g ONodule/s	O Pustules
O Papules	Pigmentation	) Hyperpigmentation	C Lichenification	Erosion/ulceration	Crusting
OTHER DETAILS:					
AFFECTED AREAS:					
DURATION OF SKIN DISE	EASE:				
RECENT TREATMENT/RE	SPONSE:				
OTHER TESTS/RESULTS:		)Skin Scrapings:	Cytology:		
Email photos & additional history to: dermatology@sashvets.com				ocation of biopsie	es for all species: LATERAL
BIOPSIES: PRICE \$330 in SEND WITH SUBMISSION FC COURIER: Book a courier by 2nd OPINION: PRICE \$ Pricing accurate as of 2 REQUEST YOUR LAB: Send H	ORM DIRECT TO HIS calling IDEXX Labo <b>220</b> incl GST 7/7/23 and is sul 1&E stained section	ratory 1300 44 33 99. D <b>ject to change</b> s from previous biops	sies		
to: Dermatology, Small Animal Specialist Hospital PO Box 157, North Ryde NSW 1670. <i>EMAIL OR POST THIS SUBMISSION FORM</i> to <u>dermatology@sashvets.com</u> or Dermatology, Small Animal Specialis Hospital PO Box 157, North Ryde NSW 1670.			SASHVETS.COM	(02) 9889 0289 <b>K</b> ace, North Ryde, 211 Tuggerah, 2259	