

SKIN & EAR CYTOLOGY



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Specialist Veterinary Dermatologists

STICKY TAPE IMPRESSIONS: Send **UNSTAINED** samples; use good quality 18-20mm wide plain adhesive tape, pressed firmly onto lesional skin a number of times; one tape for different body regions; lay gently onto glass slide (do not push on firmly), and place in slide holder for mailing **DO NOT STAIN**

GLASS SLIDE IMPRESSIONS OR EAR CYTOLOGY: Send **DIFF-QUIK stained samples**, or can just fix slides leave in Diff Quik solution 1 for 1min); place in slide carrier

Owners Surname: _____ Clinic Name: _____
Patient Name: _____
Canine Feline Other: _____ Clinic Address: As before or _____
Breed: _____ Post Code: _____
Sex: F FS M MC Clinician: Dr. _____
Date of Birth: ___/___/___ or Age _____ Phone: _____ Fax: _____
Collection Date: ___/___/___ Email: _____

Suspected/Considered Diagnoses: Allergic Endocrine Neoplastic Immune-mediated
Infectious Unsure Other _____

Relevant History: Pruritus Alopecia Erythema Scaling Nodule/s Pustules Papules
Depigmentation Hyperpigmentation Lichenification Erosion/ulceration Crusting


Other details: _____

Affected Areas: _____

Duration of skin disease: _____

Recent treatment/response: _____

Other Tests / Results: Skin Scrapings: _____

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

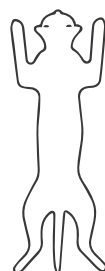
Pricing: \$182 for single sample, \$212 for multiple samples (as at July 2025, subject to change)

EMAIL SUBMISSION FORM to dermatology@sashvets.com
Samples should be placed in a plastic slide holder, wrapped in bubble wrap and/or cardboard

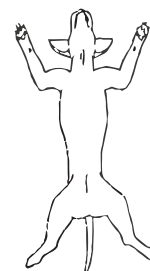
POST Samples and Submission Form to: Dermatology, Small Animal Specialist Hospital, 1 Richardson Place, North Ryde NSW 2113.

Please indicate location of biopsies for all species:

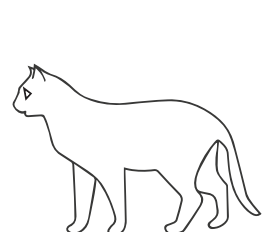
DORSAL



VENTRAL




LATERAL



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