


IDEXX SUBMISSION FORM SKIN HISTOPATHOLOGY

Dr Linda Vogelneust BVSC (HONS) MANZCVS FANZCVS Dr Philippa Ravens BSC BVSC MVS MANZCVS FANZCVS
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:	<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

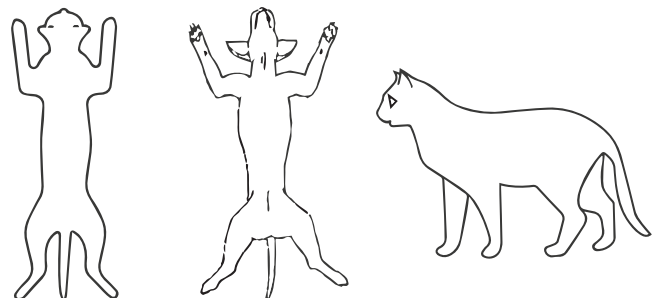
BIOPSIES: \$407 (as at July 2025, subject to change)
SEND WITH SUBMISSION FORM DIRECT TO HISTO LAB USING IDEXX COURIER: Book a courier by calling IDEXX Laboratory 1300 44 33 99.







2nd OPINION: \$285 (as at July 2025, subject to change)
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 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