

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	SEX:	<input type="radio"/> F <input type="radio"/> FS <input type="radio"/> M <input type="radio"/> MC
TEST CODE		SDV	
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:			
OTHER TESTS/RESULTS:	<input type="radio"/> Skin Scrapings: <input type="radio"/> Cytology:		

Email photos & additional history to: dermatology@sashvets.com Please indicate location of biopsies for all species:

BIOPSIES: \$407 (as at July 2025, subject to change)

SUBMITTING BIOPSIES:

METRO: Contact Vetnostics/Lavery courier 9005 7022.

REGIONAL: Contact Vetnostics/Lavery Regional lab

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

OR DROP INTO RECEPTION at SASH

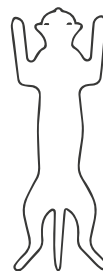
1 Richardson Place, North Ryde, 2113

2 Bounty Close, Tuggerah, 2259

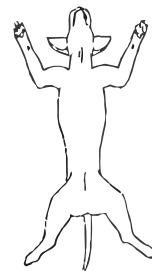
2nd OPINION: \$285 (as at July 2025, subject to change)

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

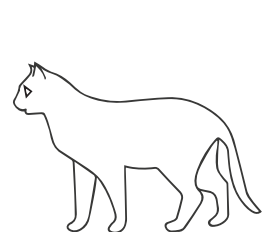
DORSAL



VENTRAL



LATERAL



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