

PLEASE ENSURE
YOU ADD YOUR
VET CODE!

VET CODE
PLEASE PLACE
VETCODE STICKER
HERE OR OVERTYPE
VETCODE

DATE	VETERINARY SURGEON	OWNER'S NAME		
PRACTICE ADDRESS STAMP		OWNER'S ADDRESS		
		NAME OF ANIMAL		
		SPECIES	AGE	
		BREED	SEX	NEUTERED <input type="checkbox"/>
				ENTIRE <input type="checkbox"/>

HISTOLOGY* Please see directory of services for content and sample requirements.

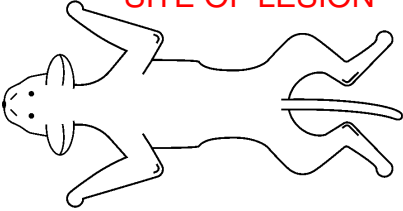
<input type="checkbox"/> UHIS	FastTrack Histology	<input type="checkbox"/>		<input type="checkbox"/> HISK	Histology & Complete skin Exam
<input type="checkbox"/> HIST1	Histology 1 site	<input type="checkbox"/> HIST4	Histology 4 sites	<input type="checkbox"/> HICY	Histology & Fluid Cytology
<input type="checkbox"/> HIST2	Histology 2 sites	<input type="checkbox"/> HISA	# of sites above 4:	<input type="checkbox"/> HISM	Histology & Cytology (FNA)
<input type="checkbox"/> HIST3	Histology 3 sites			<input type="checkbox"/> HICL	Histology & Culture

CYTOLOGY* Please see directory of services for content and sample requirements.

FLUID CYTOLOGY (includes microbiology)		NON-FLUID CYTOLOGY (only smears submitted)		WASH/LAVAGE/FLUSH (includes microbiology)	
<input type="checkbox"/> ASP	Miscellaneous Fluid Aspirate	<input type="checkbox"/> CYT01	Cytology 1 site	<input type="checkbox"/> TRAW	Tracheal Wash
<input type="checkbox"/> ASC	Abdominal Fluid	<input type="checkbox"/> CYT02	Cytology 2 sites	<input type="checkbox"/> BAL	Bronchioalveolar Lavage
<input type="checkbox"/> PF	Pleural Fluid	<input type="checkbox"/> CYT03	Cytology 3 sites	<input type="checkbox"/> NW	Nasal Wash/Flush
<input type="checkbox"/> PERI	Pericardial Fluid	<input type="checkbox"/> CYT04	Cytology 4 sites	<input type="checkbox"/> PRW	Prostatic Wash
<input type="checkbox"/> SYNO	Synovial Fluid	<input type="checkbox"/> CYTA	# of sites above 4:	<input type="checkbox"/> FFCY	Fixed Fluid Cytology
<input type="checkbox"/> CSF	Cerebro-Spinal Fluid	<input type="checkbox"/> LNAS	Lymph Node Aspirate		
<input type="checkbox"/> UCYT	Urine Cytology (no culture)	<input type="checkbox"/> SWCY	FNA & Culture/Sensitivity		
<input type="checkbox"/> UCEC	Urine Complete Exam	<input type="checkbox"/> BMEX	Bone Marrow (includes FBC)		

* Fees are determined by the number of anatomical sites/lesions sampled. Please refer to our Directory of Services for further details regarding sampling and fees. **HISTOLOGY** – The same standard charge is applied to submissions obtained from up to 2 sites (HIST01 and HIST02). The fee increases for submissions from 3 or more sites. Up to 4 biopsies from inflammatory skin disease, multiple lymph nodes, or endoscopic biopsies are classified as a single anatomical site. **CYTOLOGY** – The same standard charge is applied to submissions obtained from up to 2 sites (CYT01 and CYT02). FNAs from multiple lymph nodes are classified as a single anatomical site. The fee increases for submissions from 3 or more sites. Please note that for fluid and wash/lavage/flush cytology, each additional site is charged at an incremental fee equal to 50% of the standard charge.

HISTORY, SITE, AND LESION DESCRIPTION:

Has whole tumour been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Ref Nr	<div>dorsal</div> <div>PLEASE INDICATE SITE OF LESION</div>  <div>ventral</div>
	Biopsy Method	
<input type="checkbox"/> Endoscopy		
<input type="checkbox"/> Excisional		
<input type="checkbox"/> Incisional		
<input type="checkbox"/> Post Mortem		
<input type="checkbox"/> Other:		
Differential Diagnosis/Disease Suspected:	Cytology Type	
<input type="checkbox"/> FNA		
<input type="checkbox"/> Wash/Lavage		
<input type="checkbox"/> Impression		
<input type="checkbox"/> Scraping		
<input type="checkbox"/> Cystocentesis		
<input type="checkbox"/> Other:		
Recent Treatment		

Tissues to be submitted in 10% formal-saline. Polypropylene tubes with fixative are available from the laboratory. Please do not push large tissues into small pots. Please ensure absorbent material is included in order to contain any leakage in transit.

FOR LABORATORY USE ONLY

LAB NUMBER	CUT DATE	INITIALS	NUMBER OF TISSUES REC
DIAMETER OF TISSUES <div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> </div>			
PM TISSUES <div> Liver Lung LN Spleen Heart Kidney Gut: Other: </div>			
DESCRIPTION OF TISSUE Please circle <div> <div> Skin Biopsy Incompletely Fixed </div> <div> Endoscopic Biopsy No Lymph Node Seen (Mammary) </div> <div> Other Biopsy: Cut Open By Vet </div> <div> Serially Sliced No Differentiation </div> <div> No Lesion Seen Cut in Half </div> </div>			
LABELLED PICTURE OF SECTIONS TAKEN			
NUMBER OF BLOCKS TAKEN	ALL PROC Y N	RE-FIX	
PROC DECAL Days	DECAL Days	SHORT DECAL	
NUMBER OF DECAL BLOCKS TAKEN	DECAL ALL PROC Y N	DATE DECAL TISSUES BAGGED	