

Submission form

Pathology

LABOKLIN

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Customer-No. / Barcode

Business hours: Mon - Fri: 8:00 - 19:00 h, Sat: 9:00 - 13:00 h

Clinic address:
 (Practice stamp or block letters)

Sample:
 Biopsy
 Tumour
 Organ
 Aspirate
 Cytol. slide
 location: _____

Owner's address:

Name: _____
 First name: _____
 Street: _____
 Zipcode/city: _____
 Fax/Email: _____
 Tel: _____

Your personal data will be used to process your order according to our terms for the use of data.

You can find these terms as well as information on your rights at <http://laboklin.com/dataprotection>.

Owner's signature _____

VAT-No: _____

Fax/Email: _____

Date and practice signature: _____

Courier

Dog Cat Horse Other: _____

Name: _____

Sex: F M F.N. M.N. Breed: _____

Patient-ID: _____

Date of sampling: _____ Follow-up to previous lab No.: _____ Date of birth: _____

Histology / Immunohistology

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²⁰¹ Histopathology (per clinical question)	FGW	69.30
(tumours (up to 2 sites), skin punches, uterus biopsies, organ biopsies up to three sites)		
²²⁰⁹ Histopathology requiring increased effort	FGW	94.60
(e.g. toe, entire organs (e.g. spleen, testicle), 3-5 mammary complexes, biopsies from 4-6 organs, detailed assessment of surgical margins)		
²⁰⁹ Immunohistology		121.00
following histopathology e.g.:		
- CD3/CD20 (lymphoma)		
- c-kit, Ki-67 (mast cell tumour)		
²⁶¹ Endometrial Biopsy + Reproductive Fitness + Myc. (mare)	TM+FGW	92.40

Additional Tests

⁸⁴¹⁸ Lymphocyte Clonality (PARR)	FGW,OT,FG,EB	152.90
⁸⁶⁷⁵ BRAF Mutation Test (dog)	FGW,OT,HSD	90.20
⁸¹⁹⁹ c-Kit mutation (sequencing) (dog)	FGW,OT	217.80

Cytology

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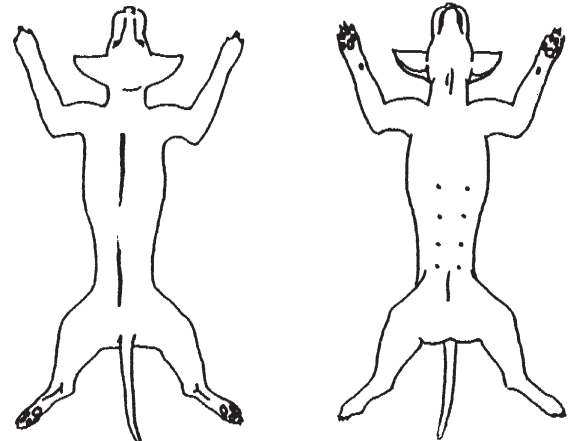
²⁰⁴ Cytology	OT,FG	58.30
(e.g. one site: up to 4 smears, fluid including 2 smears)		
²⁶⁰⁴ Cytology requiring increased effort	OT,FG	82.50
(e.g. one site: 5-6 smears, 2 sites up to 4 smears each, fluids including more than 2 smears or multiple fluids)		
Digital cytology, see Mylab, digital image examination		
Peripheral blood, blood smear, see general submission form		
²⁴⁴ Bone Marrow Cytology incl. blood count	KM+EB/1ml	101.20
²⁰⁵ Thorax, Abdomen	OT+FG/2ml	74.80
(cytology, total protein, cell count, Rivalta's test (cats), cholesterol, triglycerides, LDH, glucose, albumin/globulin)		
²⁰⁶ Cerebrospinal Fluid (CSF)	(OT+)LQ/0,7ml	74.80
(cytology, total protein, cell count, glucose)		
²⁰⁷ Synovia	OT+SV/1ml	74.80
(cytology, total protein, cell count)		
²⁹³ BAL Profile (dog, cat)	TM+OT+BAL/1ml	96.80
(cytology, bacteriology, mycology, mycoplasma PCR)		
²⁹³ BAL Profile (horse)	TM+OT+BAL/1ml	85.80
(cytology, bacteriology, mycology)		

Medical history / requests

Characteristics of the suspected tumour

- | | |
|------------------------------------|--|
| <input type="checkbox"/> invasive | <input type="checkbox"/> multiple |
| <input type="checkbox"/> expansive | <input type="checkbox"/> recurrence |
| <input type="checkbox"/> solitary | <input type="checkbox"/> metastasising |

List of differential diagnoses



Sample material:
 BAL=bronchoalveolar lavage, EB=EDTA blood, FG=fluid, FGW=formalin-fixed tissue,
 HSD=urinary sediment, KM=bone marrow, LQ=CSF, OT=specimen slide, SV=synovia,
 TM=swab with medium

Further details of the dermatological patient - see back page

General information on skin lesions

Current main skin problem: _____
Problem since: _____
Appearance of early lesions: _____
Systemic illness: yes no _____
Previous skin or ear problems: yes no _____
Other animals or people affected: yes no _____
Symmetry: yes no _____
Seasonality: yes no _____
Pruritus: yes no _____
Degree of pruritus: mild 1 2 3 4 5 6 7 8 9 10 severe

Lesions

- Alopecia
- Depigmentation
- Epidermal collarette
- Erosions
- Erythema
- Excoriation
- Hyperpigmentation
- Callus
- Nodule
- Comedo
- Claw lesions
- Crust
- Lichenification
- Macule
- Scar
- Papule
- Foot pad lesions
- Plaque
- Pustule
- Scale
- Ulcer
- Vesicle
- _____

Antibiotics:

Lesions resolved: yes no
Lesions recur when therapy discontinued: yes no

Further comments:

Previous diagnostics

Skin scrapings: yes no _____
Superficial cytology: yes no _____
Bacterial culture: yes no _____
Fungal culture: yes no _____
Elimination diet: yes no _____
Wood's light/hair: yes no _____
Allergy testing: yes no _____
CBC, chemistry: yes no _____
Hormone assays: yes no _____
Immunology (ANA): yes no _____
Biopsy: yes no _____
Others: _____

Previous Treatment

Antibiotics: yes no _____
Type _____ Duration _____ Response _____ %
Antihistamines: yes no _____
Type _____ Duration _____ Response _____ %
Anti-yeast/fungals: yes no _____
Type _____ Duration _____ Response _____ %
Glucocorticoids: yes no _____
Type _____ Duration _____ Response _____ %
Shampoo therapies: yes no _____
Type _____ Duration _____ Response _____ %
Flea controls: yes no _____
Type _____ Duration _____ Response _____ %
Anti-scabies: yes no _____
Type _____ Duration _____ Response _____ %
Futher: yes no _____
Type _____ Duration _____ Response _____ %

Feel free to call us