

# Submission form

## Pathology

# LABOKLIN

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Customer-No. / Barcode

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

### Additional Tests

<sup>8418</sup>	<b>Lymphocyte clonality (PARR)</b>	FGW,OT,FG,EB	<b>162.80</b>
<sup>8675</sup>	<b>BRAF mutation test (V595E) (dog)</b>	FGW,OT,HSD	<b>90.20</b>
<sup>518</sup>	<b>BRAF comp. (V595E + 2 CNA) (dog)</b>	FGW,OT,HSD	<b>209.00</b>
<sup>8199</sup>	<b>c-Kit mutation (sequencing) (dog)</b>	FGW,OT	<b>217.80</b>
<sup>9986</sup>	<b>Molecular genetic tumour panel (dog)</b> (SearchLight DNA®) (incl. sample preparation and transport)	15 OT,FGW	<b>968.00</b>

### Cytology

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

### Characteristics of the suspected tumour

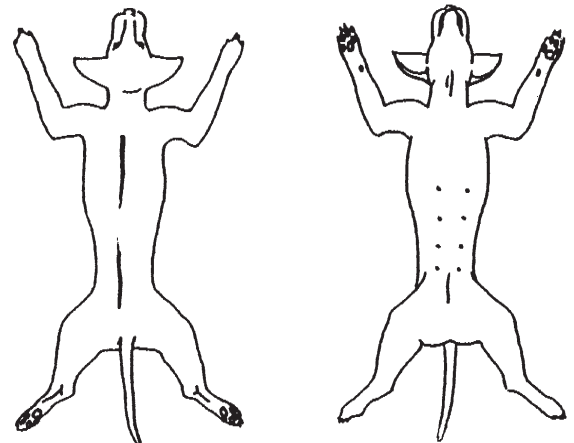
- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> invasive  | <input type="checkbox"/> multiple      |
| <input type="checkbox"/> expansive | <input type="checkbox"/> recurrence    |
| <input type="checkbox"/> solitary  | <input type="checkbox"/>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

### Medical History / Requests

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### 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

**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 \_\_\_\_\_%

**Further Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Feel free to call us**