## Submission form

## **Pathology**

## Customer-No. / Barcode

<b>LABOKL</b>	N					
LABOR FÜR KLINISCHE DIAGNOSTIK GMBH & CO. KG						

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Business hours: Mon - Fri: 8:00 - 19:00 h, Sa	t: 9:00 - 13:00 h		Email: imo@labo	JKIII 1.00111
Clinic address: (Practice stamp or block letters)	Sample:  Biopsy Tumour Organ Aspirate Cytol. slide location:	Owner's addr Name: First name: Street:		
<del>-</del> -		_Zipcode/city:		Owner's signature
VAT-No:		_Fax/Email:		
Fax/Email:		_Tel:		
Date and practice signature:		_		□ Courie
-       -     □ Dog     □ Cat     □ Horse	Other:		Name:	
	□ M.N. Bree	ed:	Patient-ID:	
─ ─Date of sampling:	Follow-up to prev	vious lab No.:	Date of birtl	n:
Histology / Immunohisto	logv	€	Cytology	€
Histopathology (per clinical quese (tumours (up to 2 sites), skin punch organ biopsies up to three sites)  Histopathology Requiring Increa: (e.g. toe, entire organs (e.g. spleen mammary complexes, biopsies fror detailed assessment of surgical male Immunohistology following histopathology e.g.:  - CD3/CD20 (lymphoma) - c-kit, Ki-67 (mast cell tumour) - tumour differentiation (cytokeratin Endometrial Biopsy + Reproduct + Mycology (mare)  Additional Tests  Lymphocyte Clonality (PARR) (dog) BRAF Mutation (V595E) (dog) BRAF Comp. (V595E + 2 CNA) (dog) Molecular Genetic Tumour Panel (SearchLight DNA®) (incl. sample preparation and trans)  Medical History / Requests	stion) Few nes, uterus biopsies, sed Effort Few to the testicle), 3-5 m 4-6 organs, argins)  melan A, NSE amod ive Health TM+Few  og, cat) Few,ot,Fe,EB Few,ot,HSD og) Few,ot,HSD	71.50 107.80 127.60 ang others)	Cytology (e.g. one site: up to 4 smears, fluid in Cytology Requiring Increased Effice.g one site: 5-6 smears, 2 sites up fluids including more than 2 smears  Digital cytology: see MyLab/Digitar Peripheral blood, blood smear: see MyLab/Digitar Peripheral blood, protein, cell count, RyLab/Digitar Peripheral blood, protein, cell count, Synovia (cytology, total protein, cell count, Synovia (horse) (cytology, total protein, cell count, Synovia (horse) (cytology, bacteriology, mycology, mycology) (cytology, bacteriology, mycology)	ot, FG of 1.6 ncluding 2 smears) ort ot, FG of 1.6 ncluding 2 smears) ort ot, FG of 1.6 ncluding 2 smears of 1.6 to 4 smears each, or multiple fluids)  al Image Examination of the submission form Gene  BS+KM+EB/1ml 101.2 ot +FG/2ml 78.1 ivalta's test (cat), obulin ratio)  OT+FG/2ml 104.5 ivalta's test, PCR)  (OT+)LQ/0,7ml 78.1 ot +SV/1ml 78.1  OT+SV/1ml 91.3  AA)  TM+OT+BAL/1ml 102.3
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

General Information on Skin	Lesions	Previous Diagno	ostics			
Current main skin problem:		Skin scrapings:		□ yes	□ no	
Problem since:		Superficial cytology	<i>r</i> :	□ yes	□ no	
Appearance of early lesions:		Bacterial culture:		□ yes	□ no	
Systemic illness:	□ yes □ no	Fungal culture:		□ yes	□ no	
Previous skin or ear problems:	□ yes □ no	Elimination diet:		□ yes	□ no	
Other animals or people affected:	□ yes □ no	Wood's light/hair:		□ yes	□ no	
Symmetry:	□ yes □ no	Allergy testing:		□ yes	□ no	
Seasonality:	□ yes □ no	CBC, chemistry:		□ yes	□ no	
Pruritus:	□ yes □ no	Hormone assays:		□ yes	□ no	
Degree of pruritus:	mild 1 2 3 4 5 6 7 8 9 10 severe	Immunology (ANA)	:	□ yes	□ no	
		Biopsy:		□ yes	□ no	
Lesions		Others:				
<ul><li>Alopecia</li><li>Depigmentation</li></ul>		Previous Treatn	nent			
<ul><li>Epidermal collarette</li><li>Erosions</li></ul>		Antibiotics:		□ yes	□ no	
<ul><li>Erythema</li><li>Excoriation</li></ul>		Туре	_Duration		_Response	%
<ul><li>Hyperpigmentation</li><li>Callus</li></ul>		Antihistamines:		□ yes	□ no	
<ul><li>□ Nodule</li><li>□ Comedo</li></ul>		Туре	_Duration		_Response	%
<ul><li>□ Claw lesions</li><li>□ Crust</li></ul>		Anti-yeast/fungals:		□ yes	□ no	
<ul><li>Lichenification</li><li>Macule</li></ul>		Туре	Duration 		_Response _	%
<ul><li>□ Scar</li><li>□ Papule</li></ul>		Glucocorticoids:		□ yes	□ no	
<ul><li>□ Foot pad lesions</li><li>□ Plaque</li></ul>		Туре	_Duration		_Response	%
<ul><li>□ Pustule</li><li>□ Scale</li></ul>		Shampoo therapies	s:	□ yes	□ no	
<ul><li>□ Ulcer</li><li>□ Vesicle</li></ul>		Туре	_Duration		_Response _	%
		Flea controls:		□ yes	□ no	
A (11.1)		Туре	_Duration		Response	%
Antibiotics:		Anti-scabies:		□ yes	□ no	
Lesions resolved:	□ yes □ no	Туре	_Duration		Response	%
Lesions recur when therapy discontinued:	□ yes □ no	Futher:		□ yes	□ no	
		Туре	_Duration		Response	%
Further Comments:						

Feel free to call us