



## HISTOPATHOLOGY AND MICROBIOLOGY

**Submitting Vet****Practice Address****Owner** .....**Animal ID** .....**Species** .....**Breed** .....**Age** ..... **Sex** M / F**Neutered** Y / N**Date sample taken** .....**Previous sample** .....**No. of pots sent** .....**No. of pieces of tissue submitted** .....**Type of sample:**

- Fixed tissue     Swab     Slides  
 Faeces     Fluid     Hair  
 Other .....     Unfixed tissue

**Laboratory use only**

No. samples received

No. samples taken

Archive

Initials

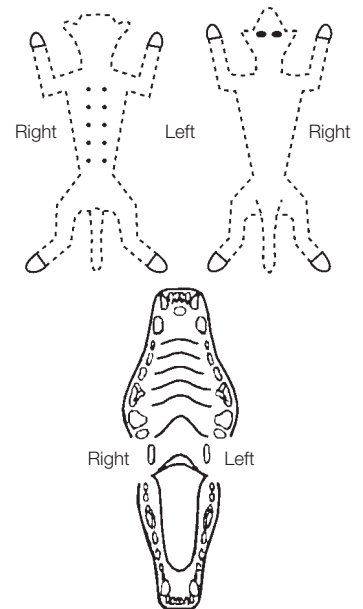
Date received

**Do you need more?**     Forms     Envelopes     Pots     Slide holders     Swabs **TICK BOX IF AN URGENT HISTOPATHOLOGY REPORT IS REQUIRED (£2.00 ADDITIONAL CHARGE)****Please submit a summary of the clinical history and treatment.**

Site sampled

Margins submitted? Y / N

- Excision  
 Wedge  
 Punch  
 Tru-cut  
 FNA  
 Postmortem case

**Please tick tests required****HISTOLOGY AND CYTOLOGY**

- HIST01** Histology  
 **COPYS** Copy slide  
 **VAS** Vasectomy check  
 **CYT01** Cytology  
 **HISCY** Histology and cytology  
 **EXPM01** Exotic or submitted PM cases up to 3 tissues  
 **EXPM02** Exotic or submitted PM cases 4 to 6 tissues  
 **EXPM03** Exotic or submitted PM cases 7 tissues or more  
 **PM** Postmortem

**SKIN CASES**

- HSEX** Hair/skin examination  
 **HS01** Skin profile  
 **HS02** Skin profile + histology  
 **EARS** Ear swab examination  
 **MALA** Malassezia examination  
 **DERM1** Dermatophyte culture  
 **DERM2** Fungal culture excluding dermatophytes

**INFECTIOUS DISEASES**

- PARV** Parvovirus – faecal antigen  
 **FIVFLV** FIV/FelV  
 **STAN** Culture for strangles

**MICROBIOLOGY**

- MICR1** Routine aerobic culture and sensitivity  
 **MICR2** Anaerobic culture and sensitivity  
 **MICR3** Aerobic & anaerobic culture and sensitivity  
 **FA01** Faecal profile  
 **FA02** Faecal profile + microscopy and worm egg count  
 **FALW** Lungworm  
 **FAEX** Faecal exam + microscopy  
 **SACA** Selective culture for Salmonella and Campylobacter spp.  
 **OTHER** Please specify in the clinical history box