

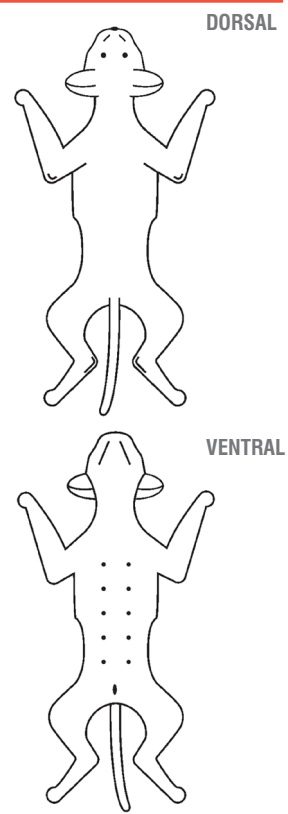
|                              |                    |                         |     |                                   |
|------------------------------|--------------------|-------------------------|-----|-----------------------------------|
| LAB NUMBER<br>(LAB USE ONLY) | DATE               | ANIMAL ID / PIMS NUMBER |     |                                   |
|                              | VETERINARY SURGEON | OWNER'S NAME            |     |                                   |
| VET CODE                     | ADDRESS STAMP      | NAME OF ANIMAL          |     |                                   |
|                              |                    | SPECIES                 | AGE |                                   |
|                              |                    | BREED                   | SEX | NEUTERED <input type="checkbox"/> |

| MANDATORY INFO  |                            |                            |  |
|---|----------------------------|----------------------------|--|
| Does the animal originate from a country outside the UK (please state country)                                  | Y <input type="checkbox"/> | N <input type="checkbox"/> |  |
| Has the animal recently travelled abroad or been in contact with a non-UK bred animal that has travelled abroad | Y <input type="checkbox"/> | N <input type="checkbox"/> |  |
| Please indicate if the sample has been obtained from a patient receiving chemotherapy or radioactive iodine     | Y <input type="checkbox"/> | N <input type="checkbox"/> |  |
| Where:  |                            |                            |  |

For a full list of all available test, sample requirements and online ordering please visit [www.vetconnectplus.co.uk](http://www.vetconnectplus.co.uk)

Please complete all relevant information on the form for a complete report

| HISTOLOGY                        |  |                             |  |
|----------------------------------|--|-----------------------------|--|
| UHS <input type="checkbox"/>     | <b>FastTrack Histology</b> Samples received Monday to Thursday. Excludes tissues requiring decalcification or incompletely fixed specimens |                             |  |
| Number of Tissues submitted:     | Please indicate lesion description and site of tissue(s) below:  |                             |  |
| Site 1                           |  |                             |  |
| Site 2                           |  |                             |  |
| Site 3                           |  |                             |  |
| Additional Sites                 |  |                             |  |
| Has whole tumour been submitted? | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |  |
| Biopsy Method                    | <input type="checkbox"/> Endoscopy (NOT GI)<br><input type="checkbox"/> Excisional <input type="checkbox"/> Incisional                     | Histology Profile           | <input type="checkbox"/> HISTLIV <input type="checkbox"/> HISTGI <input type="checkbox"/> HISTSK <input type="checkbox"/> HISTFPE<br><input type="checkbox"/> HISTLARGE <input type="checkbox"/> HISTPM <input type="checkbox"/> HISTPM2 <input type="checkbox"/> HISTOC |



| CYTOLOGY   |   |  |  |
|--|---|--|--|
| Cytology Type  |   |  |  |
| Number of Sites submitted:   | Please indicate lesion description and site of sample(s) below: |  |  |
| Site 1   |   |  |  |
| Site 2   |   |  |  |
| Site 3   |   |  |  |
| Additional Sites   |   |  |  |
| <input type="checkbox"/> WASH\WASH2 - one site\two sites <input type="checkbox"/> CSF\CSF2 - one site\two sites <input type="checkbox"/> BCFLD\BCFLD2 - one site\two sites |   |  |  |
| <input type="checkbox"/> SYNO\SYNO2\SYNO3\SYNO4\SYNO5\SYNO6 - one site to six sites  |   |  |  |

| HISTOLOGY / CYTOLOGY PROFILES |  |
|-------------------------------|--|
| BMEX                          | <b>Bone Marrow Cytology &amp; Histology</b> Includes Comprehensive Haematology - please submit 1 ml EDTA and air dried smear |
| SWCY                          | <b>Cytology &amp; Culture &amp; Sensitivity</b>  |

|  |
|--|
| <p><b>Relevant clinical history – required for appropriate interpretation</b> (please indicate Differential Diagnosis / Disease Suspected / Specific questions you would like answered)</p> <p><b>Please include Previous Reference Number(s) if appropriate</b></p> |
|--|

Tissues to be submitted in 10% Neutral Buffered Formalin. 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.

IDEXX handles personal data responsibly and has adopted the privacy policy which can be found at [idexx.com/privacy](http://idexx.com/privacy)

| FOR LAB USE ONLY |              |                  |             |
|------------------|--------------|------------------|-------------|
| EDTA FLUID       | FIXED FLUID  | SKIN SCRAPE      | SMEAR       |
| PLAIN FLUID      | FRESH TISSUE | SKIN SLIDE       | PLAIN URINE |
| EDTA URINE       | HISTOLOGY    | EDTA WHOLE BLOOD | BORIC URINE |

|             |  |
|-------------|--|
| FATTY       |  |
| PRE-STAINED |  |
| NO DIFF     |  |





|  |                               |                           |                           |                                     |
|--|-------------------------------|---------------------------|---------------------------|-------------------------------------|
| LAB NUMBER                                   | CUT DATE                      | INITIALS                  | NUMBER OF TISSUES REC     |                                     |
| DIAMETER OF TISSUES                          |                               |                           |                           |                                     |
| 1  | 2                             | 3                         | 4                         | 5                                   |
| DESCRIPTION OF TISSUE: <b>Please circle:</b> |                               |                           |                           | BATCH                               |
| <b>Serially Sliced</b>                       | <b>Portion/ Portions Only</b> | <b>No Differentiation</b> | <b>Incompletely Fixed</b> | <b>No Lymph Node Seen (Mammary)</b> |
|  |                               |                           |                           | <b>Cut Open By Vet</b>              |