

CYTO / HISTOPATHOLOGY AND MICROBIOLOGY

Name of Submitting Vet	Owners Surname: _____	Type of sample
Practice Address	Animal Name: _____	
	Animal ID: _____	TSWAB WASH HIST TISSUE FLUID SLIDES DSWAB OTHER _____ NPSWAB _____ NON- HIST URINE _____ SLIDES FAECES _____
	Species: _____ Age: _____	Laboratory Use Only
	Breed: _____	
	Sex: Male Female Neutered? YES NO	
	Date sample taken: _____	
	Previous sample: _____	
	No. of pots sent: _____	
	No. of pieces of tissue submitted: _____	No. of samples received Initials Pricing Code No. of samples taken Date received Archive Slide issue LTF No. of blocks

COMPULSORY FIELD MUST BE COMPLETE FOR THIS SUBMISSION TO BE PROCESSED.

Has this patient been imported or visited a country outside of the UK? YES NO

If yes please specify which country: _____

In order to obtain an accurate cytological/histological interpretation it is vital that a concise and relevant patient history is provided.

For Hygiene Screen/Infection Control investigation, please use a separate form available on request from the laboratory.

<p>Clinical Summary (e.g. general health, size/rate of growth of lesion(s), appearance, parasites?, treatment and response, differential diagnosis)</p> <p>Site sampled</p> <p>Excision Wedge Punch Grab/endoscopic biopsies Tru-cut FNA</p> <p>For complete excisional samples only, have you submitted margins? YES NO</p>	
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Please tick if **PRIORITY SERVICE** is required - Additional charge(s) will be incurred

PCR (PCFAST) Histopathology (FASTH) Cytology (URGCYT)

- HISTOLOGY AND CYTOLOGY**
- HIST01** Histology Up to 3 biopsies/sites
 - LHIST** Histology: large/whole submissions (please refer to guidelines regarding sample types in the price guide)
 - PM01** Histology: submitted PM tissues
 - HISCY** Histology & cytology from same site
 - HISMC** Histology + culture
 - CYTO1-3** FNA Cytology Up to 6 slides from up to 3 sites
 - CYTO4-6** FNA Cytology Up to 12 slides from up to 6 sites
 - CYSTF** Cystic fluid/bile cytology
 - CYSTFMC** Cystic fluid cytology + culture
 - FANA** Body cavity fluid cytology
 - FANAMC** Body cavity fluid cytology + culture
 - WASME** Bronchial/Tracheal wash cytology
 - WASMEMC** Bronchial/Tracheal wash cytology + culture
 - SYNF** Synovial fluid cytology
 - SYNFMC** Synovial fluid cytology + culture
 - CSF** CSF cytology
 - CSFMC** CSF cytology + culture
 - BONME** Bone marrow cytology
 - COMPBON** Comprehensive bone marrow package

- BACTERIAL CULTURE**
- MICR3** Microbiological culture
 - BCUL** Fluid Enrichment culture
 - EARPR** Ear Profile (Please include slides)

- SKIN**
- SKME** Microscopic exam only
 - SKFUN** Microscopic exam & Dermatophyte (Ringworm) culture
 - FUNGC** Dermatophyte (Ringworm) culture only
 - SKHIST** Skin Profile + Histology

- URINE**
- UR01+** Routine Urinalysis
 - UR02+** Full Urine analysis
 - URBIO** Urine biochemistry + protein:creatinine
 - URUTI** UTI Screen (microscopy & culture)
 - UCUL** Culture only

If submitting urine please specify method of collection:

Cysto **Catheter** **Free catch**

- FAECES**
- FA03** Full faecal analysis
 - FAEX2** Parasitology, Giardia & Cryptosporidium
 - FA01** Faecal culture
 - FALW** Lungworm exam
 - PALU** Parasitology and Lungworm

- PCR TESTING**
- PDOG** Travelling Dog Extended Screen
 - PCFOP** Feline Oral Panel
 - PCOCC** Feline Ocular Panel
 - PCFRT2** Feline Respiratory Panel
 - PCFGI** Feline Gastro Intestinal Panel
 - PCLUB** Leptosira (Urine & Blood)
 - PCRING** Dermatophyte (Ringworm) PCR
 - PCCGE** Canine Diarrhoea Panel Extended
 - PCCRT** Canine Respiratory Panel

Please refer to the **Price Guide** for a full list of available **PCR tests**.

OTHER TESTS

If submitting more than one sample for culture, please specify which sample(s) you wish to be processed. If not specified, all appropriate samples will be cultured, and charged accordingly.

FOR OTHER TESTS: Please specify in the 'Other Tests' box using the codes in the Price Guide.