

CYTO / HISTOPATHOLOGY AND MICROBIOLOGY

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

COMPULSORY FIELD MUST BE COMPLETE FOR THIS SUBMISSION TO BE PROCESSED.
 Has this patient been imported, visited a country outside of the UK or been in close contact with an imported animal? 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 align="center">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> <input type="checkbox"/> Excision <input type="checkbox"/> Wedge <input type="checkbox"/> Punch <input type="checkbox"/> Grab/endoscopic biopsies <input type="checkbox"/> Tru-cut <input type="checkbox"/> FNA For complete excisional samples only, have you submitted margins? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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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
 - CYT01-3** FNA Cytology Up to 6 slides from up to 3 sites
 - CYT04-6** 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
- 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.

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

Residual samples, surplus to requirement, may be used for research, development, anonymised publication and training. Please tick if these samples **cannot** be used for these purposes. See www.axiomvetlab.com for further details.