

CYTO / HISTOPATHOLOGY AND MICROBIOLOGY

Name of Submitting Vet	OWNER SURNAME: _____	Type of sample ESWAB FAECES HIST TISSUE WASH SLIDES DSWAB FLUID _____ URINE OTHER
	ANIMAL NAME: _____	
Please add your practice NAME, ADDRESS AND PRACTICE CODE here...	ANIMAL ID: _____	Histology Laboratory Use Only No. of samples received No. of samples taken Archive LTF Initials Pricing Code Date received Slide issue No. of blocks
	SPECIES: _____ AGE: _____	
	BREED: _____	
	SEX: MALE FEMALE NEUTERED? YES NO	
	DATE SAMPLE TAKEN: _____	
	PREVIOUS SAMPLE: _____	
	NO. OF POTS SENT: _____	
	NO. OF PIECES OF TISSUE SUBMITTED: _____	

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

Has this patient been imported, visited a country outside of the UK and ROI 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.

Please tick if FAST TRACK is required - Additional charge(s) will be incurred
☐ PCR (PCFAST) ☐ Histopathology (FASTH) ☐ Cytology (URGCYT)

<p align="center">Clinical Summary</p> <p>(e.g. general health, size/rate of growth of lesion(s), appearance, parasites?, treatment and response, differential diagnosis)</p> <p>Sample Type</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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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

☐ HISM 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 (**Must** include slides)

SKIN

☐ SKBFU Skin Profile

☐ SKFUN Microscopic exam & Dermatophyte (Ringworm) culture

☐ FUNGC Dermatophyte (Ringworm) culture only

☐ SKHIST Skin Profile + Histology

URINE

☐ UR01+ Routine Urine Analysis

☐ UR02+ Full Urine Analysis

☐ UR03+ Full Urine Analysis and Cytology

☐ URUTI UTI Screen (microscopy & culture)

☐ UCUL Urine Culture

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 Examination

☐ PALU Parasitology and Lungworm

PCR TESTING

☐ PDOG Travelling Dog Package Extended

☐ PCFOP Feline Oral Panel

☐ PCOCC Feline Ocular Panel

☐ PCFRT2 Feline Respiratory Panel

☐ PCFGI Feline Gastrointestinal Panel

☐ PCLUB Leptospira (Urine & Blood)

☐ PCLUNG Lungworm PCR

☐ PCRING Dermatophyte (Ringworm) PCR + Culture

☐ 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 / SAMPLING SITE

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.