

Submission form

Pathology

Customer-No. / Barcode

LABOKLIN

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Business Hours: Mo - Fr: 8:00 - 19:00 h, Sa: 9:00 - 13:00 h

Clinic address:
 (stamp or block letters)

Sample:
 Biopsy
 Tumor
 Organ
 Aspirate
 Cytol. slide

Owners address:
 (block letters only, please)

Invoice to:
 veterinarian
 owner

Name: _____

First name: _____

Origin: _____ Street: _____

Zipcode/city: _____

Tel.No.: _____

(owner signature for direct invoicing)

Fax/e-mail: _____

Date and signature: _____

Notification: Fax Phone E-mail Courier

Animal data: Dog Cat Horse Other: _____ Name: _____

Sex: F M F.N. M.N. Breed: _____ Patient-ID: _____

Date of sampling: _____ Previous lab-No.: _____ Date of birth: _____

²⁰¹ Histopathology

(Tumor diagnostics, dermatohistopathology, pathology of organs, endoscopic biopsies)

²⁰⁹ Immunohistology

Following pathohistology e.g.:
 - CD3/CD79a (lymphoma),
 - COX-2, Ki-67 (mast cell tumor),
 - Epithelial / mesenchymal markers

²⁰⁴ Cytology

(Aspirate, impression smears, vaginal cytology)

Aspirate (Cytology and clin. chem.)

²⁰⁵ Thorax, Abdomen

(Total protein, specific gravity, cell count, Rivalta, cholesterol, triglycerides)

²⁰⁶ Cerebrospinal fluid

(Total protein, specific gravity, cell count, glucose)

²⁰⁷ Synovia, others

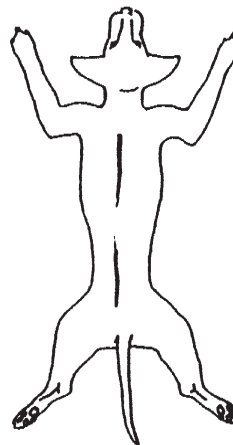
(Total protein, specific gravity, cell count)

Medical history / Requests

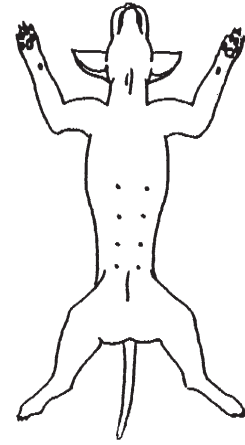
List of differential diagnosis

Tumor

- invasive
- expansive
- solitary
- multipel
- recurrence
- metastasising



dorsal



ventral



000120100017

Specifications for dermatology patients see back page

General remarks regarding skin changes

Current main skin problem: _____
Problem since: _____
Appearance of early lesions: _____
Systemic illness: yes no _____
Previous skin or ear problems: yes no _____
Other animals or people affected: yes no _____
Symmetry: yes no _____
Seasonality: yes no _____
Pruritus: yes no _____
Degree of pruritus: mild 1 2 3 4 5 6 7 8 9 10 severe

Previous diagnostics

Skin scrapings: yes no _____
Bacterial culture: yes no _____
Fungal culture: yes no _____
Elimination diet: yes no _____
Wood's light/hair: yes no _____
Allergy testing: yes no _____
CBC, Chemistry: yes no _____
Hormone assays: yes no _____
Immunology (ANA): yes no _____
Biopsy: yes no _____
Others: _____

Lesions

- Alopecia
- Depigmentation
- Epidermal collarette
- Erosions
- Erythema
- Excoriation
- Hyperpigmentation
- Callus
- Nodule
- Comedo
- Claw lesions
- Crust
- Lichenification
- Macule
- Scar
- Papule
- Foot pad lesions
- Plaque
- Pustule
- Scale
- Ulcer
- Vesicle

Antibiotics:

Lesions did resolve yes no
Lesions recur when therapy stopped yes no

Previous Treatment

Antibiotics: yes no _____
Type _____ Duration _____ Response _____
Antihistamines: yes no _____
Type _____ Duration _____ Response _____
Anti-yeast/fungals: yes no _____
Type _____ Duration _____ Response _____
Glucocorticoids: yes no _____
Type _____ Duration _____ Response _____
Shampoo therapies: yes no _____
Type _____ Duration _____ Response _____
Flea controls: yes no _____
Type _____ Duration _____ Response _____
Anti-scabies: yes no _____
Type _____ Duration _____ Response _____
Futher: _____ yes no _____
Type _____ Duration _____ Response _____

Further comments:

We are at your disposal by phone.

Supply requests:	<input type="checkbox"/> Tubes (blood/serum)	<input type="checkbox"/> EDTA tubes	<input type="checkbox"/> Urine containers	<input type="checkbox"/> Swabs (including medium)	<input type="checkbox"/> Swabs (without medium)	<input type="checkbox"/> Container for swabs	<input type="checkbox"/> Envelopes	<input type="checkbox"/> Containers (blood/serum)	<input type="checkbox"/> Slide containers	<input type="checkbox"/> Medium (Chlamydia)	<input type="checkbox"/> Histology containers	<input type="checkbox"/> ACD tubes for CAST	<input type="checkbox"/> Faeces containers	<input type="checkbox"/> Medium (mycoplasma)	<input type="checkbox"/> Barcodes	<input type="checkbox"/> Submission forms - General	<input type="checkbox"/> Submission forms - Allergy	<input type="checkbox"/> Submission forms - Pathology	<input type="checkbox"/> Submission forms - Genetics	<input type="checkbox"/> Submission forms - Equine	<input type="checkbox"/> Submission forms - Hygiene
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General conditions of business:

net prices in Euro / All statements according to our conditions see www.laboklin.com / All terms and prices are subject to changes.