

Lab order 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 letter)

sample:
 biopsy
 tumor
 organ
 aspirate
 cytol. slide

owners address:
(block letter only, please)

name: _____

first name _____

street: _____

zip/city: _____

tel.no.: _____

localisation:

date and signature

courier notification: fax phone e-mail

animal data: dog cat horse other: _____ name: _____

sex: f m f.n. m.n. breed: _____ EDP-no.: _____

sample date: _____ previous findings-no.: _____ date of birth: _____

²⁰¹ Pathohistology

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

²⁰⁹ Immunohistologic phenotyping

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

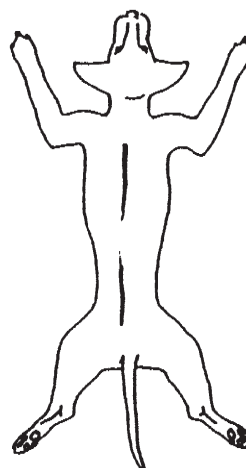
(total protein, specific gravity, cell count)

Medical history / Requirements

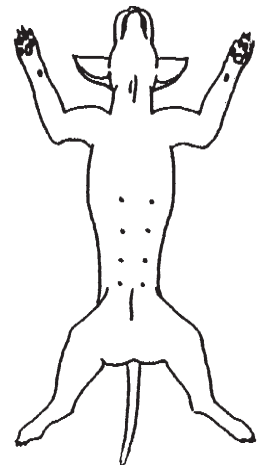
List clinical differential diagnosis

tumor

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



dorsal



ventral



000120030043

specifications for dermatologic patients see back page

general comments with skin cases

Current chief complaint: _____
 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 _____
 Seasonal: yes no _____
 Pruritus: yes no _____
 Seasonal: mild 1 2 3 4 5 6 7 8 9 10 severe

Previous diagnostic testing

Skin scrapings yes no _____
 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 _____
 Other _____

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

Antibiotic:

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

Previous Treatment

Antibiotic yes no _____
 type _____ duration _____ response ____ %
 Antihistamine yes no _____
 type _____ duration _____ response ____ %
 Anti-yeast/fungal yes no _____
 type _____ duration _____ response ____ %
 Glucocorticoid yes no _____
 type _____ duration _____ response ____ %
 Shampoo therapy yes no _____
 type _____ duration _____ response ____ %
 Flea control yes no _____
 type _____ duration _____ response ____ %
 Anti-scabies yes no _____
 type _____ duration _____ response ____ %
 _____ yes no _____
 type _____ duration _____ response ____ %

Further information:

We are at your disposal by phone.

order:

<input type="checkbox"/> 1 tubes (blood/serum)	<input type="checkbox"/> 3 EDTA tubes	<input type="checkbox"/> 8b container for swabs	<input type="checkbox"/> 14 histology containers	<input type="checkbox"/> 56 order sheets - general
<input type="checkbox"/> 2 clotting	<input type="checkbox"/> 7 urine containers	<input type="checkbox"/> 10 envelopes	<input type="checkbox"/> 47 ACD tubes for CAST	<input type="checkbox"/> 57 order sheets - allergy
<input type="checkbox"/> 3a heparin tubes	<input type="checkbox"/> 6 swab (including medium)	<input type="checkbox"/> 11 containers (blood/serum)	<input type="checkbox"/> 5 faeces containers	<input type="checkbox"/> 58 order sheets - pathology
<input type="checkbox"/> 4 glucose (NaF-blood)	<input type="checkbox"/> 6a swab (without medium)	<input type="checkbox"/> 12 slide containers	<input type="checkbox"/> 15 medium (mycoplasma)	<input type="checkbox"/> 64 order sheets - genetic
		<input type="checkbox"/> 18 medium (Chlamydia)	<input type="checkbox"/> 80 barcodes	



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.

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