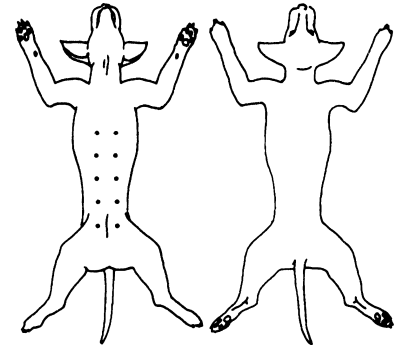


PATHOLOGY REQUEST FORM

Clinician	<input type="text"/>	OWNER	<input type="text"/>
PRACTICE	<input type="text"/>	ANIMAL I/D	<input type="text"/>
		Species	<input type="text"/>
		Breed	<input type="text"/>
Tel	<input type="text"/>	Sex	<input type="text"/>
		Age	<input type="text"/>
Fax	<input type="text"/>	SAMPLE Site(s)	<input type="text"/>
Date	<input type="text"/>		
Previous submission - Lab No	<input type="text"/>	Date	<input type="text"/>
		Number of pieces	<input type="text"/>
		Biopsy only	<input type="text"/>
		Entire lesion	<input type="text"/>

EXAMINATION REQUIRED

<input type="checkbox"/>	HISTOLOGY tumour, tissue	<input type="checkbox"/>	FAX REPORT
<input type="checkbox"/>	HISTOLOGY skin disease	<input type="checkbox"/>	TELEPHONE REPORT
<input type="checkbox"/>	CYTOLOGY aspirate		
<input type="checkbox"/>	CYTOLOGY (pleural, peritoneal, joint fluids), cytology, cell count, proteins	<input type="checkbox"/>	COPY SLIDE



CLINICAL DIFFERENTIAL DIAGNOSIS

TREATMENT GIVEN and response

CLINICAL SUMMARY

e.g. Duration
Seasonal occurrence?
General health
Diet/management
Size of lesion(s)
Rate of growth of lesion(s)
Appearance
Pruritus/pain?
Body distribution
Parasites?
Other animals in contact affected?

SUPPLIES:

<input type="checkbox"/>	Large histology containers – includes return envelope and request form (pack of 5)	<input type="checkbox"/>	Request forms and envelopes only (pack of 5)	<input type="checkbox"/>	Owner leaflet
<input type="checkbox"/>	Storage box for large histology containers (holds 5)	<input type="checkbox"/>	Cellsafe biopsy capsule	<input type="checkbox"/>	Price list
<input type="checkbox"/>	Small histology containers – includes return envelope and request form (pack of 5)	<input type="checkbox"/>	Cytological fixative	<input type="checkbox"/>	Brochure
		<input type="checkbox"/>	Slide mailers (pack of 5)		