

YOUR IDEXX LAB NUMBER

PATIENT DETAILS

Name:

Owner Name and Surname:

Equine	Canine	Feline	Bovine
Ovine	Caprine	Exotic	Poultry/ Avian

Age: Breed:

Male	Neutered	Female	Spayed
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DEMOGRAPHIC INFORMATION REQUIRED

Vet Practice Name
& code/account number:

Email:

Tel No:

Referring Vet:

Vet's Ref Number: Date Collected:

Status: Stat Routine

This form is not exhaustive and should not be used in isolation.

Please refer to the Directory of Services for a full list of available tests and specific sample requirements.

HISTOLOGICAL EXAMINATION

Excludes diffuse gastrointestinal or dermatological lesions, eyeballs, samples > 8 cm, skeletal parts. For mammal samples (mammary ridge, parts): each complex is understood as a localisation 1 site = 1 lump/lesion or up to 5 punch biopsies per site

1 HIST1 2 HIST2 3 HIST3 4 HIST4 5 HIST5
6 HIST6 7 HIST7 8 HIST8 9 HIST9

HISTL Large/ whole/ bone specimen Mammary chains (≥3 mammae), whole organs, whole lobes, intestinal resections, digits, limbs, jaw, spleen, eyeball, splenic biopsies

HISTXL2 2 specimens at least one of which is HISTL

HISTXL3 3 specimens at least one of which is HISTL

HISTXL4 4 specimens at least one of which is HISTL

HISTGI Gastrointestinal biopsies (canine/feline), Endoscopic biopsies from multiple sites within the GI tract, including oesophagus, stomach, small intestine, large intestine

HISTOLOGY – POST MORTEM TISSUES

HISTPM Up to 3 postmortem tissues. Includes up to 5 pooled poultry samples.

HISTPM2 4 or more postmortem tissues. Includes up to 10 pooled poultry samples

CYTOLOGICAL EXAMINATION

IMPORTANT: Submissions which exceed the stated maximum number of slides will be charged an excess slide charge.

CYT1 Cytological Examination - 1 Site
Cytology on slides, maximum of 4 slides.

CYT2 Cytological Examination - 2 Site
Cytology on slides, maximum of 8 slides.

CYT3 Cytological Examination - 3 Site
Cytology on slides, maximum of 12 slides.

CYT4 Cytological Examination - 4 Site
Cytology on slides, maximum of 16 slides.

CYT5 Cytological Examination - 5 Site
Cytology on slides, maximum of 20 slides.

CYT6 Cytological Examination - 6 Site
Cytology on slides, maximum of 24 slides.

CYT7 Cytological Examination - 7 Site
Cytology on slides, maximum of 28 slides.

CYTOLOGICAL EXAMINATION CONT.

CYT8 Cytological Examination - 8 Site
Cytology on slides, maximum of 32 slides.

CYT9 Cytological Examination - 9 Site
Cytology on slides, maximum of 36 slides.

Lymph node cytology ONLY no limit on sites or slides

CYTLN Cytology on slides. No limit to the number of lymph nodes or slides. Please note submission of fluid will be charged using the appropriate fluid test code

Lymph node cytology PLUS 1-3 additional sites (max. 4 slides per site)

1 2 3
LNCY1 LNCY2 LNCY3

BLSE Blood smear evaluation by pathologist

BPBLSE Blood smear evaluation for blood-borne parasites only

BMEX Bone marrow incl. full blood count (please also submit blood sample and fresh smear)

BMEXH BMEX + histological evaluation of bone marrow core

USC Urine specialist comment

CURINP Urine specialist comment + sediment + urinalysis + bacteriology

Fluids please always indicate number of sites

Synovial fluid cytology 1-6 joints

1 2 3 4 5
SYNO1 SYNO2 SYNO3 SYNO4 SYNO5
6
SYNO6

Flush/Wash/Cystic Fluid Cytology 1-6 sites

1 1 with bacteriology^c 2 3
WASH1 WASH1M WASH2 WASH3
4 5 6
WASH4 WASH5 WASH6

CSF fluid analysis and cytology 1-2 sites (no additive)

1 CSF 2 CSF

Body cavity fluid cytology 1-6 sites

1 2 3 4 5
BCFLD1 BCFLD2 BCFLD3 BCFLD4 BCFLD5
6
BCFLD6
CBRAF BRAF mutation urothelial carcinoma (dog)

MATERIAL/SAMPLE AND HISTORY - HISTOLOGY

HISTOLOGY	Tumour resection:	Excisional	Incisional
		skin (complete below)	
OTHER			
Number of samples/slides:			
Size:			
Location:			
Distribution of lesions:		Solitary	Multiple
Whole lesion/tumour submitted:		Yes	No

MATERIAL/SAMPLE AND HISTORY - CYTOLOGY

Clinical suspicion/differential diagnosis (please continue below)

Current treatment:

Lymph node involvement:
Yes, where? _____ No

Recurrence: Yes _____ No _____

Previous diagnosis:

Sample from body cavities: yes no

CLINICAL HISTORY

Please provide relevant clinical history, including diet/supplements, current or recent medication, and any previous laboratory reference numbers where applicable

FOR LAB USE ONLY

SUBMITTING VETERINARY CLINIC

STAMP

Name: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Date Received: _____ Initials: _____

Samples Submitted: _____