

# Histology and Cytology Submission Form



LAB NO.	
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LAB TECH INITIALS	
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CONTACT DETAILS	
IDEXX Laboratories South Africa:	+27 10 500 2080
Laboratory E-mail Address:	Lab-SA@idexx.com

PATIENT DETAILS	
Name:	
Owner Name and Surname:	
<input type="checkbox"/> Equine	<input type="checkbox"/> Canine
<input type="checkbox"/> Feline	<input type="checkbox"/> Bovine
<input type="checkbox"/> Ovine	<input type="checkbox"/> Caprine
<input type="checkbox"/> Exotic	<input type="checkbox"/> Poultry/ Avian
Age:	Breed:
<input type="checkbox"/> Male	<input type="checkbox"/> Neutered
<input type="checkbox"/> Female	<input type="checkbox"/> Spayed

DEMOGRAPHIC INFORMATION REQUIRED	
Vet Practice Name:	Tel No:
Email:	Fax No:
Referring Vet:	Copies Sent to:
Vet's Ref Number:	Date Collected:
Status:	<input type="checkbox"/> Stat
	<input type="checkbox"/> Routine

SPECIMEN TYPE	<input type="checkbox"/> Blood	<input type="checkbox"/> Swab	<input type="checkbox"/> Faeces	<input type="checkbox"/> Skin	<input type="checkbox"/> Organ	<input type="checkbox"/> Other (Specify):
	<input type="checkbox"/> Urine	<input type="checkbox"/> Cysto	<input type="checkbox"/> Free-Flow	<input type="checkbox"/> Catheter	<input type="checkbox"/> Other (Specify):	

A detailed history is essential - PLEASE INDICATE CLEARLY on the CLINICAL HISTORY section on page 2.  
Sample tubes must be marked with Patient identification and collection date. No responsibility will be taken for errors on unmarked sample tubes.

Suspected Clinical Diagnosis:
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CODE	HISTOLOGY	SAMPLE
<input type="checkbox"/> HIST1	<b>Histopathological Examination - 1 site</b> Excludes samples qualifying as large (see HISTL) or GI endoscopic biopsies (see HISTGI). 1 site = 1 lump/lesion or up to 5 punch biopsies per site or of the same pathological process.	
<input type="checkbox"/> HIST2	<b>Histopathological Examination - 2 Sites</b> Excludes samples qualifying as large (see HISTL) or GI endoscopic biopsies (see HISTGI). 2 sites = 2 lumps/lesions or up to 10 punch biopsies per site or of the same pathological process.	
<input type="checkbox"/> HIST3	<b>Histopathological Examination - 3 sites</b> Excludes samples qualifying as large (see HISTL) or GI endoscopic biopsies (see HISTGI). 3 sites = 3 lumps/lesions or up to 15 punch biopsies per site or of the same pathological process.	
<input type="checkbox"/> HIST4	<b>Histopathological Examination - 4 Sites</b> Excludes samples qualifying as large (see HISTL) or GI endoscopic biopsies (see HISTGI).	
<input type="checkbox"/> HIST5	<b>Histopathological Examination - 5 Sites</b> Excludes samples qualifying as large (see HISTL) or GI endoscopic biopsies (see HISTGI).	
<input type="checkbox"/> HIST6	<b>Histopathological Examination - 6 Sites</b> Excludes samples qualifying as large (see HISTL) or GI endoscopic biopsies (see HISTGI).	
<input type="checkbox"/> HIST7	<b>Histopathological Examination - 7 Sites</b> Excludes samples qualifying as large (see HISTL) or GI endoscopic biopsies (see HISTGI).	
<input type="checkbox"/> HIST8	<b>Histopathological Examination - 8 Sites</b> Excludes samples qualifying as large (see HISTL) or GI endoscopic biopsies (see HISTGI).	
<input type="checkbox"/> HIST9	<b>Histopathological Examination - 9 or more sites</b> Excludes samples qualifying as large (see HISTL) or GI endoscopic biopsies (see HISTGI).	
<input type="checkbox"/> HISTGI	<b>Histopathological examination - GI tract Profile</b> Histopathological examination of gastrointestinal biopsies (endoscopic or full-thickness biopsy). Endoscopic biopsies from multiple sites within the GI tract, including oesophagus, stomach, small intestine, large intestine	
<input type="checkbox"/> HISTL	<b>Histology – Large/Whole/Bone Specimen</b> Large specimens defined as: Defined as: Mammary strips (>3 glands), whole organs (e.g. heart, spleen, kidney, uterus, eye, etc.). Intestinal resections, whole liver lobe, whole, lung lobe. Mandibles, amputated limbs, whole digits, bones and all samples requiring decalcification.	
<input type="checkbox"/> HISTPM	<b>Histology - Post mortem (3 or fewer tissues)</b> 3 or fewer tissues. Includes up to 3 pooled poultry sa	
<input type="checkbox"/> HISTPM2	<b>Histology - Post Mortem (4 or more tissues)</b> 4 or more tissues. Includes up to 10 pooled poultry samples	

CODE	HISTOLOGY	SAMPLE
The below tests can only be ordered after initial histology is performed		
<input type="checkbox"/> HISTSS	<b>Histology special stain</b> Sample : Original tissue blocks, prior accession number	
<input type="checkbox"/> IHC1	<b>Immunohistochemistry Panel (1 Antibody)*</b>	
<input type="checkbox"/> IHC2	<b>Immunohistochemistry Panel (2 Antibodies)*</b>	
<input type="checkbox"/> PARR	<b>Lymphoma Clonality Test* (PARR)</b>	
<input type="checkbox"/> PARRA	<b>Lymphoma Clonality Test* (PARR), additional site</b>	
<input type="checkbox"/> MUTAKIT	<b>MCT c-Kit Mutation assay, canine*</b> Mutation analysis of the c-Kit gene in canine mast cells tumours. Additional sites charged separately (see below).	
<input type="checkbox"/> MUTAKIT-A	<b>MCT c-Kit Mutation assay*, canine, additional site</b>	
<input type="checkbox"/> HISTKI67	<b>Ki67 Proliferation Marker* (For canine mast cell tumour and melanoma)</b>	
<input type="checkbox"/> cBRAF	<b>Canine BRAF Mutation Detection Assay*</b> Sample : 2 – 5 ml urine, 3 urine sediment cytology slides, original tissue block, fixed tissue.	
CODE	CYTOLOGY	SAMPLE
IMPORTANT: Submissions which exceed the stated maximum number of slides will be charged an excess slide charge.		
<input type="checkbox"/> CYT1	<b>Cytological Examination - 1 site</b> Cytology on slides, maximum of 4 slides.	
<input type="checkbox"/> CYT2	<b>Cytological Examination - 2 Sites</b> Cytology on slides, maximum of 8 slides.	
<input type="checkbox"/> CYT3	<b>Cytological Examination - 3 sites</b> Cytology on slides, maximum of 12 slides.	
<input type="checkbox"/> CYT4	<b>Cytological Examination - 4 Sites</b> Cytology on slides, maximum of 16 slides.	
<input type="checkbox"/> CYT5	<b>Cytological Examination - 5 Sites</b> Cytology on slides, maximum of 20 slides.	
<input type="checkbox"/> CYT6	<b>Cytological Examination - 6 Sites</b> Cytology on slides, maximum of 24 slides.	
<input type="checkbox"/> CYT7	<b>Cytological Examination - 7 Sites</b> Cytology on slides, maximum of 28 slides.	
<input type="checkbox"/> CYT8	<b>Cytological Examination - 8 Sites</b> Cytology on slides, maximum of 32 slides.	
<input type="checkbox"/> CYT9	<b>Cytological Examination - 9 sites or more</b> Cytology on slides, maximum of 36 slides.	
<input type="checkbox"/> CYTLN	<b>Cytological examination - Lymph Node</b> Cytology on slides. No limit to the number of lymph nodes or slides. Please note submission of fluid will be charged the appropriate fluid test code	

\* Any additional antibodies will be billed additionally.  
\* Tests marked with an asterisk are referral tests and incur a referral courier fee.

CODE	CYTOLOGY	SAMPLE
<input type="checkbox"/> LNCY1	<b>Lymph Node Cytology with 1 Mass/Lesion</b> Cytology on slides. Lymph node (unlimited slides) and 1 additional site (max. 4 slides).	
<input type="checkbox"/> LNCY2	<b>Lymph Node Cytology with 2 Masses/Lesions</b> Cytology on slides. Lymph node (unlimited slides) and 2 additional sites (max. 8 slides).	
<input type="checkbox"/> LNCY3	<b>Lymph Node Cytology with 3 Masses/Lesions</b> Cytology on slides. Lymph node (unlimited slides) and 2 additional sites (max. 8 slides).	
<input type="checkbox"/> WASH1	<b>Flush/Wash/Cystic Fluid Cytology—1 Fluid/Site</b> Cytology. Use for cytologic evaluation of aspirates of cystic fluids, bile, or of washes, such as bronchioalveolar lavage (BAL), transtracheal or endotracheal washes, prostatic washes, or nasal flushes. Please label each sample clearly with site/origin.	
<input type="checkbox"/> WASH2	<b>Flush/Wash/Cystic Fluid Cytology—2 or More Fluids/ Sites</b> Cytology. Use for cytologic evaluation of aspirates of cystic fluids, bile, or of washes, such as bronchioalveolar lavage (BAL), transtracheal or endotracheal washes, prostatic washes, or nasal flushes. Please label each sample clearly with site/origin.	
<input type="checkbox"/> WASH1M	<b>Flush/Wash/Cystic Fluid Cytology with bacteriology</b> Cytology and bacteriology. Use for cytologic evaluation of aspirates of cystic fluids, bile, or of washes, such as bronchioalveolar lavage (BAL), transtracheal or endotracheal washes, prostatic washes, or nasal flushes. Please label each sample clearly with site/origin.	
<input type="checkbox"/> BLSE	<b>Blood Smear Evaluation (By Pathologist)</b>	
<input type="checkbox"/> BM	Bone Marrow Evaluation + B/S	
<input type="checkbox"/> CSF	<b>Cerebrospinal Fluid Analysis - 1 site (no additive)</b> lumbar or cisternal	CSF

ADDITIONAL HISTORY

CODE	CYTOLOGY	SAMPLE
<input type="checkbox"/> CSF2	<b>Cerebrospinal Fluid Analysis - 2 sites (no additive)</b> lumbar and cisternal.	
<input type="checkbox"/> BCFLD1	Body Cavity Fluid Cytology (Ascitic/Pericardial/Pleural)—1 Fluid/Site	
<input type="checkbox"/> BCFLD2	Body Cavity Fluid Cytology (Ascitic/Pericardial/Pleural)—2 Fluids/Sites	
<input type="checkbox"/> BCFLD3	Body Cavity Fluid Cytology (Ascitic/Pericardial/Pleural)—3 Fluids/Sites	
<input type="checkbox"/> BCFLD4	Body Cavity Fluid Cytology (Ascitic/Pericardial/Pleural)—4 Fluids/Sites	
<input type="checkbox"/> BCFLD5	Body Cavity Fluid Cytology (Ascitic/Pericardial/Pleural)—5 Fluids/Sites	
<input type="checkbox"/> BCFLD6	Body Cavity Fluid Cytology (Ascitic/Pericardial/Pleural)—6 Fluids/Sites	
<input type="checkbox"/> SYN01	Synovial Fluid Cytology - 1 Joint (max. 4 slides/site)	
<input type="checkbox"/> SYN02	Synovial Fluid Cytology - 2 Joints (max. 4 slides/site)	
<input type="checkbox"/> SYN03	Synovial Fluid Cytology - 3 Joints (max. 4 slides/site)	
<input type="checkbox"/> SYN04	Synovial Fluid Cytology - 4 Joints (max. 4 slides/site)	
<input type="checkbox"/> SYN05	Synovial Fluid Cytology - 5 Joints (max. 4 slides/site)	
<input type="checkbox"/> SYN06	Synovial Fluid Cytology - 6 Joints (max. 4 slides/site)	
<input type="checkbox"/> CBRAF	<b>Canine BRAF Mutation Detection Assay*</b>	
<input type="checkbox"/> CYTIM1	<b>Immunocytochemistry (dog and cat)*</b> - 1 antibody.	
<input type="checkbox"/> USC	Urine cytology	

INDICATE SITE

SUBMITTING VETERINARY CLINIC
 

STAMP

Name:
 Signature:
 Date:

LEGEND