

ANAPATH

REQUEST FORM

LAB USE ONLY

Lab No _____

Date _____

Owner _____

Date _____

URGENT

Pet Name _____

Vet _____

Detailed Histo Description

Species _____ Age _____ Sex _____

Clinic _____

Send Results by:

Breed _____

Phone _____

Fax _____

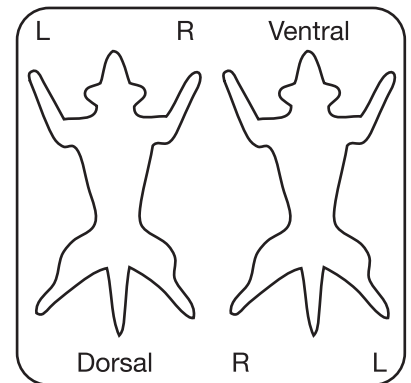
Clinical History (Please include relevant clin path data and recent medication)

Email _____

Differential 1. _____ 3. _____
Diagnosis 2. _____ 4. _____

Skin Biopsy (Please tick if present and mark distribution of lesions and biopsy sites on diagram)

- | | | | | |
|-------------|--------|----------|-----------|----------------------|
| Alopecia | Fleas | Patch | Scar | Bilateral Symmetry |
| Bulla | Fungi | Plaque | Seasonal | Epidermal Collarette |
| Comedone | Macule | Pruritis | Seborrhea | Hyperpigmentation |
| Crusts | Mites | Pustule | Sinus | Hypopigmentation |
| Erythema | Nodule | Pyoderma | Ulcer | Lichenification |
| Excoriation | Papule | Scale | Wheal | White Skin Affected |



Lymph Node Site _____
Size x x mm / cm Colour _____
List any enlarged nodes _____
Is there a tumour or site of inflammation or trauma in the region drained by this lymph node? _____

Tumour or Mass 1
Site _____
Size x x mm / cm
New Lesion/Recurrence _____
Single/Multiple Mobile/Fixed _____
Metastases present: Yes/No _____
Growth rate: Slow/Rapid/Not known _____
Was all tissue submitted? Yes/No _____
Complete excision/Partial biopsy _____
Comment on surgical margins: Yes/No _____

Tumour or Mass 2
Site _____
Size x x mm / cm
New Lesion/Recurrence _____
Single/Multiple Mobile/Fixed _____
Metastases present: Yes/No _____
Growth rate: Slow/Rapid/Not known _____
Was all tissue submitted? Yes/No _____
Complete excision/Partial biopsy _____
Comment on surgical margins: Yes/No _____

Tumour or Mass 3
Site _____
Size x x mm / cm
New Lesion/Recurrence _____
Single/Multiple Mobile/Fixed _____
Metastases present: Yes/No _____
Growth rate: Slow/Rapid/Not known _____
Was all tissue submitted? Yes/No _____
Complete excision/Partial biopsy _____
Comment on surgical margins: Yes/No _____

Other Organs/Tissues Site(s) _____
Comments _____

Post Mortem Animal died/euthanized Date _____ Time _____
Organs submitted _____
Gross findings (please use back of form) _____

Cytology Site 1 _____ Site 2 _____ Method of collection _____

COURIER
02 9005 7022
02 9005 7020
Symbion Laverty

MAIL IN
Anapath
PO Box 504
Newport NSW
2106

STORES
Request Pads _____ Slide Carriers _____
Formalin _____ Slides _____
Specimen Jars _____ Plastic Bags _____
Others _____

CONTACT ANAPATH
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New South Wales 2106
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Pager: 02 9214 8609

RESULTS
02 9974 1551