ANTECH DIAGNOSTICS

DERMATOPATHOLOGY CONSULTATION FORM

In order for us to provide quality information for further diagnostics and treatment options, we need the most complete and thorough clinical history. Please provide appropriate responses to all questions below and add detail where requested. Photos of active lesions will greatly enhance the value of the dermatopathology report. Please do not submit copies of your medical records. If you have other laboratory work you would like us to consider, please attach.

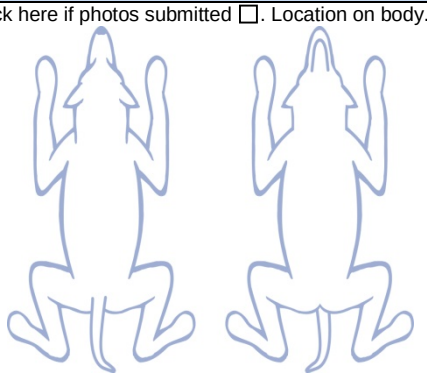
PATIENT INFO

Species: ☐Dog ☐Cat ☐Horse ☐Other (specify): Breed:	Sex: ☐Female ☐FS ☐Male ☐MC	Date: Antech account #: Email address: Patient name: Age:

Are others in the home affected? ☐None affected ☐ Yes, other animals ☐ Yes, humans affected

DESCRIPTION OF CLINICAL LESIONS

Check here if photos submitted ☐. Location on body. Please shade and describe in detail:



Seasonality. Is the disease seasonal? ☐No ☐Yes Was onset acute? ☐No ☐Yes
Seasonal with flares? Explain:

In what state does the patient reside? Duration of skin disease. Months? Years? Explain:

Is patient indoor / outdoor / combination? (circle)

Pruritus: ☐No ☐Mild ☐Moderate ☐Severe

Type of lesions (check all that apply): ☐Papules ☐Vesicles ☐Plaques ☐Scales ☐Alopecia ☐Pustules ☐Crusts
☐Erythema ☐Hyperpigmentation ☐Depigmentation ☐Nodules ☐Lichenification ☐Other (specify):

DIAGNOSTIC TESTS

Skin scrapings: ☐No ☐Yes Bacterial C&S: ☐No ☐Yes	Skin cytologies: ☐No ☐Yes Fungal C&S: ☐No ☐Yes	Biopsies: ☐No ☐Yes Allergy testing: ☐No ☐Yes

Blood, urine, other tests: ☐No ☐Yes

****Please attach report(s) from lab. If Fungal culture was performed, please include genus and species of fungus identified (if known).**

TREATMENT

Antibiotics: name:	dosage:	date/duration:	response:
Steroids: name:	dosage:	date/duration:	response:
Antifungal: name:	dosage:	date/duration:	response:
Topical: name:	dosage:	date/duration:	response:
Flea Control: name:	frequency of application:		response:
Dietary trial: diet name:	Duration:		response: