

Vet Code		
Clinic Name		
Address		
Phone		
Email		
Please Complete All Sections That Apply to Avoid Reporting Delays		
CYTOLOGY		
Urgent (Incurs Additional Charges)		
Source/Site(s)		
Number of sites sampled:		
Enter Number of each sample type submitted		
CSF	EDTA	
Fluid	Urine	
Slides	Swab	
Enter cytology code(s) requested:		
HISTOPATHOLOGY		
Urgent (Incurs Additional Charges)		
Source/Site(s)		
Number of sites sampled:		
Number of containers submitted:		
Number of specimens submitted:		
Type of biopsy		
Excisional	Incisional	
Trucut	Endoscopic	
All tissue(s) submitted?	Yes	No
Margin evaluation required	Yes	No
Enter histology code(s) requested:		
All clinical information and residual samples collected for diagnostic purposes may be retained for use in clinical studies where appropriate for the ultimate benefit of animal welfare. All data would be anonymised, and any owner details not included.		

LAB USE ONLY

PLACE LABEL HERE

Date	Owner		
Patient Name			
Veterinary Surgeon			
Case Number			
Species	Breed	Sex	Age
Canine		M	F
Feline		Neutered	
Other		Entire	
Compulsory information needed before handling your samples			
Has this patient travelled outside the UK?		Yes	No
If yes, please specify the country or countries:			
Is there any clinical suspicion for a zoonotic infection?		Yes	No
Please specify:			
Is there any clinical suspicion for Mycobacterium infection?		Yes	No
Is the patient raw fed?		Yes	No
LOCATION			
DORSAL	L	R	VENTRAL
PATIENT HISTORY			
This section is Critical for Biopsy/Cytology interpretation.			
Please provide a concise clinical summary. Describe progression, gross appearance, size and distribution of the lesion(s). Please email additional clinical information where appropriate to lab@dwr.co.uk			
Previous Biopsy/Cytology submitted		Yes	No
Lab Reference Number			
Please tick if additional clinical information emailed			
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Label all containers/slides submitted with clinic name, owner and patient name, and tissue source.