

PLACE LABEL HERE

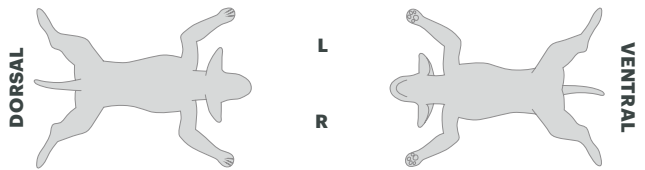
Antech Diagnostics Histopathology Submission Form

Antech Diagnostics Limited Unit 1
Titan Business Centre • Tachbrook Park • Warwick CV34 6RR

Telephone: **0808 2593536**

Email: **CSUK@antechmail.com**

Web: **antechdiagnostics.co.uk**

Date				Vet Code					
Case No.				Vet					
Patient Name				Vet Practice Name and Address					
Owner Name									
Species									
Breed				Phone					
Age		Year(s)		Month(s)		Fax			
Sex	Male	Female	Neutered	Entire	Email				
HISTOPATHOLOGY				Compulsory information needed before handling your samples					
Source/Site(s)				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		
Number of sites sampled:				Is the patient raw fed?		Yes	No		
Number of containers submitted:				LOCATION					
Number of specimens submitted:									
Type of biopsy									
Excisional	Trucut	Incisional	Endoscopic						
All tissue(s) submitted?	Yes	No	Margin evaluation required					Yes	No
Enter test code(s) requested:									

PATIENT HISTORY

This section is Critical for Biopsy interpretation.

Please provide a concise clinical summary. Describe progression, gross appearance, size and distribution of the lesion(s).

Please email additional clinical information or clinical images where appropriate to CSUK@antechmail.com

Previous Biopsy/Cytology submitted	Yes	No	Lab Reference Number	Please tick if additional clinical information emailed
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.				Please tick this box if you do NOT want your clients' samples used for these purposes.

Please label all containers submitted with clinic name, owner and patient name, and tissue source.