

Submission form Pathology

Account No / Ref

LABOKLIN

Unit 20, Wheel Forge Way, Trafford Park, Manchester,
M17 1EH, United Kingdom - tel 0161 282 3066

info@laboklin.co.uk - www.laboklin.co.uk

Business Hours: Mon - Fri: 9:00 am - 5:00 pm

(Stamp or block letters)

Sample:
 Biopsy
 Tumour
 Organ
 Aspirate
 Cytol. slide
 location:

Owner's address:

Name: _____

First name: _____

Street: _____

Zipcode/city: _____

Fax/Email: _____

Tel: _____

Your personal data will be used to process your order according to our terms for the use of data.

You can find these terms as well as information on your rights at <https://laboklin.co.uk/privacy>

(Signature) _____

VAT-No: _____

Fax/Email: _____

Date and signature: _____

Reporting method

Post

E-mail

Animal data:

Dog

Cat

Horse

Other: _____

Name: _____

Breed: _____

Patient-ID: _____

Follow-up to previous lab No.: _____

Date of sampling: _____

Histology / Immunohistology

£ Ex VAT

£ Ex VAT

²⁰¹	Histopathology (per clinical question) (tumours (up to 2 sites), skin punches, uterus biopsies, organ biopsies up to three sites)	FGW	69.30
²²⁰⁹	Histopathology requiring increased effort (e.g. toe, entire organs (e.g. spleen, testicle), 3-5 mammary complexes, biopsies from 4-6 organs, detailed assessment of surgical margins)	FGW	94.60
²⁰⁹	Immunohistology following histopathology e.g.: - CD3/CD20 (lymphoma) - c-kit, Ki-67 (mast cell tumour)		121.00
²⁶¹	Endometrial biopsy + reproductive fitness + myc. (mare)	TM+FGW	92.40

Additional Tests

⁸⁴¹⁸	Lymphocyte clonality (PARR)	FGW,OT,FG,EB	162.80
⁸⁶⁷⁵	BRAF mutation test (V595E) (dog)	FGW,OT,HSD	90.20
⁵¹⁸	BRAF comp. (V595E + 2 CNA) (dog)	FGW,OT,HSD	209.00
⁸¹⁹⁹	c-Kit mutation (sequencing) (dog)	FGW,OT	217.80
⁹⁹⁸⁶	Molecular genetic tumour panel (dog) (SearchLight DNA@) (incl. sample preparation and transport)	15 OT,FGW	968.00

Cytology

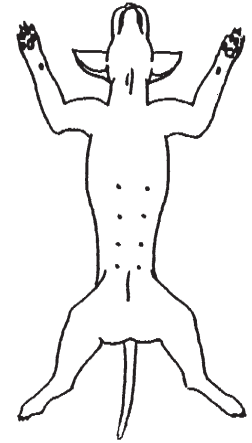
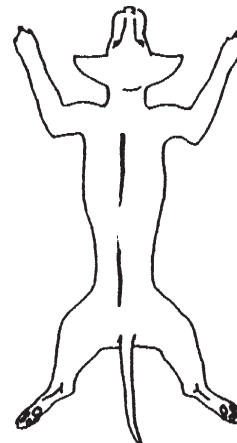
²⁰⁴	Cytology (e.g. one site: up to 4 smears, fluid including 2 smears)	OT,FG	58.30
²⁶⁰⁴	Cytology requiring increased effort (e.g. one site: 5-6 smears, 2 sites up to 4 smears each, fluids including more than 2 smears or multiple fluids)	OT,FG	82.50
Digital cytology, see Mylab, digital image examination			
Peripheral blood, blood smear, see general submission form			
²⁴⁴	Bone marrow cytology incl. blood count	BS+KM+EB/1ml	101.20
²⁰⁵	Thorax, abdomen (cytology, total protein, cell count, Rivalta's test (cats), cholesterol, triglycerides, LDH, glucose, albumin/globulin)	OT+FG/2ml	74.80
²⁰⁶	Cerebrospinal fluid (CSF) (cytology, total protein, cell count, glucose)	(OT+LQ/0,7ml)	74.80
²⁰⁷	Synovia (cytology, total protein, cell count)	OT+SV/1ml	74.80
²⁹³	BAL profile (dog, cat) (cytology, bacteriology, mycology, mycoplasma PCR)	TM+OT+BAL/1ml	96.80
²⁹³	BAL profile (horse) (cytology, bacteriology, mycology)	TM+OT+BAL/1ml	85.80

Characteristics of the suspected tumour

- | | |
|------------------------------------|--|
| <input type="checkbox"/> invasive | <input type="checkbox"/> multiple |
| <input type="checkbox"/> expansive | <input type="checkbox"/> recurrence |
| <input type="checkbox"/> solitary | <input type="checkbox"/> metastasising |

Medical History / Requests

List of Differential Diagnoses



Sample material:
 BAL=bronchoalveolar lavage, EB=EDTA blood, FG=fluid, FGW=formalin-fixed tissue,
 HSD=urinary sediment, KM=bone marrow, LQ=CSF, OT=specimen slide, SV=synovia,
 TM=swab with medium

Further details of the dermatological patient - see back page

General Information on Skin Lesions

Current main skin problem: _____

Problem since: _____

Appearance of early lesions: _____

Systemic illness: yes no _____

Previous skin or ear problems: yes no _____

Other animals or people affected: yes no _____

Symmetry: yes no _____

Seasonality: yes no _____

Pruritus: yes no _____

Degree of pruritus: mild 1 2 3 4 5 6 7 8 9 10 severe

Lesions

- Alopecia
- Depigmentation
- Epidermal collarette
- Erosions
- Erythema
- Excoriation
- Hyperpigmentation
- Callus
- Nodule
- Comedo
- Claw lesions
- Crust
- Lichenification
- Macule
- Scar
- Papule
- Foot pad lesions
- Plaque
- Pustule
- Scale
- Ulcer
- Vesicle
- _____

Antibiotics:

Lesions resolved: yes no

Lesions recur when therapy discontinued: yes no

Previous Diagnostics

Skin scrapings: yes no _____

Superficial cytology: yes no _____

Bacterial culture: yes no _____

Fungal culture: yes no _____

Elimination diet: yes no _____

Wood's light/hair: yes no _____

Allergy testing: yes no _____

CBC, chemistry: yes no _____

Hormone assays: yes no _____

Immunology (ANA): yes no _____

Biopsy: yes no _____

Others: _____

Previous Treatment

Antibiotics: yes no _____

Type _____ Duration _____ Response _____%

Antihistamines: yes no _____

Type _____ Duration _____ Response _____%

Anti-yeast/fungals: yes no _____

Type _____ Duration _____ Response _____%

Glucocorticoids: yes no _____

Type _____ Duration _____ Response _____%

Shampoo therapies: yes no _____

Type _____ Duration _____ Response _____%

Flea controls: yes no _____

Type _____ Duration _____ Response _____%

Anti-scabies: yes no _____

Type _____ Duration _____ Response _____%

Futher: yes no _____

Type _____ Duration _____ Response _____%

Further Comments:

Feel free to call us