

LAB NUMBER  
(LAB USE ONLY)

VET CODE



DATE	GUIDE DOG COMPUTER NUMBER X   X   X   X   X   X					
VETERINARY SURGEON	WORKING DOG? PLEASE INDICATE			YES	NO	
VETERINARY PRACTICE	OWNER'S NAME					
ADDRESS STAMP	NAME OF ANIMAL					
	SPECIES			AGE		
	BREED			SEX	NEUTERED <input type="checkbox"/>	ENTIRE <input type="checkbox"/>
<b>PLEASE SEND A COPY OF THESE RESULTS TO THE SUBMITTING VETERINARY PRACTICE:</b>			<b>E-MAIL:</b>			

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### HISTOLOGY

**UHS**  **FastTrack Histology** Samples received Monday to Thursday. Excludes tissues requiring decalcification or incompletely fixed specimens

**Number of Tissues submitted:** \_\_\_\_\_ **Please indicate lesion description and site of tissue(s) below:**

Site 1 \_\_\_\_\_

Site 2 \_\_\_\_\_

Site 3 \_\_\_\_\_

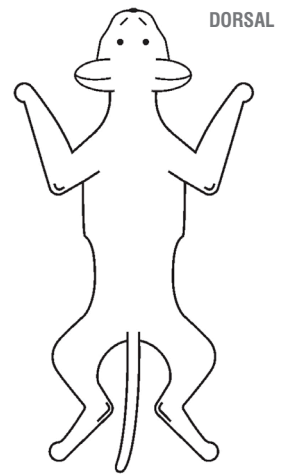
Site 4 \_\_\_\_\_

Additional Sites \_\_\_\_\_

Has whole tumour been submitted?  Yes  No

**Biopsy Method**

Endoscopy (NOT GI)  Excisional  Incisional  Post Mortem  Other: \_\_\_\_\_



### CYTOLOGY

**Cytology Type**

**Number of Sites submitted:** \_\_\_\_\_ **Please indicate lesion description and site of sample(s) below:**

Site 1 \_\_\_\_\_

Site 2 \_\_\_\_\_

Site 3 \_\_\_\_\_

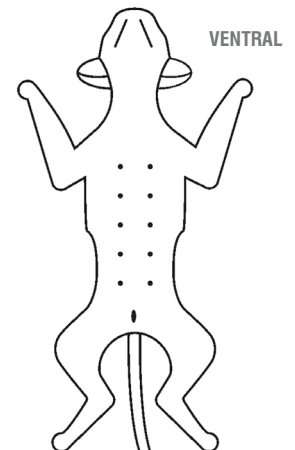
Site 4 \_\_\_\_\_

Additional Sites \_\_\_\_\_

**Fluid**

Tracheal  BAL  Nasal  Prostatic  Synovial  CSF  Urine  Abdominal  Pleural  Pericardial

Other – please specify: \_\_\_\_\_



### HISTOLOGY / CYTOLOGY PROFILES

BMEX	Bone Marrow Cytology	HICL	Histology & Culture & Sensitivity
SWCY	Cytology & Culture & Sensitivity	HISM	Histology & Cytology on Smears
HISK	Histology & Complete Skin Examination	HICY	Histology & Cytology on Fluids

**Please provide history to allow for interpretation** (please indicate Differential Diagnosis / Disease Suspected / Specific questions you would like answered). Please include Previous Reference Number(s) if appropriate.



Tissues to be submitted in 10% formal-saline. Polypropylene tubes with fixative are available from the laboratory. Please do not push large tissues into small pots. Please ensure absorbent material is included in order to contain any leakage in transit.

LAB NUMBER	CUT DATE	INITIALS	NUMBER OF TISSUES REC
DIAMETER OF TISSUES			
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>5</b>			
PM TISSUES			
<b>Liver</b>	<b>Lung</b>	<b>LN</b>	<b>Spleen</b>
<b>Heart</b>	<b>Kidney</b>	<b>Gut:</b> _____	<b>Other:</b> _____
DESCRIPTION OF TISSUE: Please circle:			
<b>SKIN BIOPSY</b>	<b>ENDOSCOPIC BIOPSY</b>	<b>OTHER BIOPSY</b> _____	<b>SERIALLY SLICED</b>
<b>Incompletely Fixed</b>	<b>No Lymph Node Seen (Mammary)</b>	<b>Cut Open by Vet</b>	<b>No differentiation</b>
			<b>Cut in Half</b>
			<b>May Not Survive Processing</b>
LABELLED PICTURE OF SECTIONS TAKEN			
NUMBER OF BLOCKS TAKEN	ALL PROC	RE-FIX	
	<b>Y</b> <b>N</b>		
PROC DECAL	DECAL	SHORT DECAL	
_____ <b>DAYS</b>	_____ <b>DAYS</b>		
NUMBER OF BLOCKS TAKEN	DECAL ALL PROC	DATE DECAL TISSUES BAGGED	
	<b>Y</b> <b>N</b>		