

LAB NUMBER (LAB USE ONLY)	DATE	ANIMAL ID / PIMS NUMBER		
	VETERINARY SURGEON	OWNER'S NAME		
VET CODE	ADDRESS STAMP	NAME OF ANIMAL		
		SPECIES	AGE	
		BREED	SEX	NEUTERED <input type="checkbox"/>

MANDATORY INFO			
Does the animal originate from a country outside the UK (please state country)	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Has the animal recently travelled abroad or been in contact with a non-UK bred animal that has travelled abroad	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Please indicate if the sample has been obtained from a patient receiving chemotherapy or radioactive iodine	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Where:			

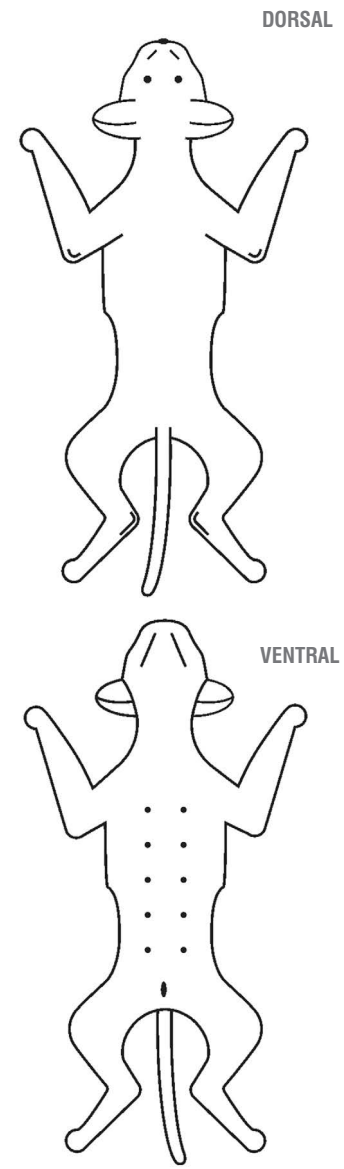
For a full list of all available test, sample requirements and online ordering please visit www.vetconnectplus.co.uk

Please complete all relevant information on the form for a complete report

UHIS – Fastrack Histology – Excludes samples received on Friday, requiring decalcification or additional formalin fixation			<input type="checkbox"/>
Test code	Description	Comment	
HIST1	Histology 1 Site		
HIST2	Histology 2 Sites		
HIST3	Histology 3 Sites		
HIST4	Histology 4 Sites		
HIST5	Histology 5 Sites		
HIST6	Histology 6 Sites		
HIST7	Histology 7 Sites		
HIST8	Histology 8 Sites		
HISTX	Histology 9+ Sites		

HISTLARGE - Histology - Large/Whole/Bone	<input type="checkbox"/>	HISTPM - POSTMORTEM CASE	<input type="checkbox"/>
HISTLIV - Histology Liver Profile	<input type="checkbox"/>	HISTPM2 - HISTOLOGY - POSTMORTEM 4	<input type="checkbox"/>
HISTGI - Histology GI Tract Profile	<input type="checkbox"/>	HISTOC – Eye examination (small animal)	<input type="checkbox"/>
HISTSK - Histology - Skin	<input type="checkbox"/>	HISTOCL – Eye examination (large animal)	<input type="checkbox"/>
BMEXH - Bone Marrow Cytology & Histology	<input type="checkbox"/>	HISTFPE - Histology Feline Proliferative Gum Lesion Panel	<input type="checkbox"/>

Relevant clinical history – required for appropriate interpretation (please indicate Differential Diagnosis / Disease Suspected / Specific questions you would like answered)
Please include Previous Reference Number(s) if appropriate



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Tissues to be submitted in 10% Neutral Buffered Formalin. 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.

IDEXX handles personal data responsibly and has adopted the privacy policy which can be found at idexx.com/privacy



LAB NUMBER	CUT DATE	INITIALS	NUMBER OF TISSUES REC
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DIAMETER OF TISSUES				
1	2	3	4	5

DESCRIPTION OF TISSUE: Please circle:	BATCH
<input type="checkbox"/> Serially Sliced	<input type="checkbox"/> Portion/ Portions Only
<input type="checkbox"/> No Differentiation	<input type="checkbox"/> Incompletely Fixed
<input type="checkbox"/> No Lymph Node Seen (Mammary)	<input type="checkbox"/> Cut Open By Vet

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