# EQUINE PATHOLOGY SUBMISSION FORM

## CUSTOM PANELS / OTHER REQUESTS

If you would like to direct this case to a specific pathologist, please write his/her name in the box below. Please note this is subject to the availability of the pathologist at the time of sample receipt. If the pathologist is unavailable, it will be forwarded to the next available Antech pathologist.

1.
2.
3.

Submit Routine Equine Test Requests on Equine Form 6

### EQUINE REPRODUCTIVE PANELS

- **CYTO**  Endometrial Cytology (SL)
- **FBX**   Endometrial Biopsy (TF)
- **FBEQX** Endometrial Biopsy Plus VGE Stain (TF)
- **SEMEN** Semen Evaluation (SEmen)
  - Semen Cytology, Semen count, WBC, RBC, Semen Morphology
- **L450**  Stallion Fertility Panel (SEmen)
  - Semen Evaluation, Seminal ALP, Seminal PH, Semen Morphology,
    Aerobic Culture/Sensitivity

### HISTOPATHOLOGY / CYTOLOGY

- **CYTO**  Cytology Source(s):________________________ (SL)
- **FLUA**  Fluid Analysis with Cytology Source(s):________ (LF)
- **SYFLUA** Synovial Fluid Analysis (LF)
- **TRW**   Transtracheal Wash / Bronchoalveolar Lavage Fluid (LF)
- **CSF**   CSF with Cytology (CSF)
- **BONE**  Bone Marrow Cytology (BM)
  - Include current hematology data or EDTA whole blood
- **FBX**   Histopathology, Written (TF)
  - Includes Microscopic Description, Microscopic Findings, Prognosis and Comments
- **STAT**  BIOPSY STAT FEE (see Service Directory for details)
- **DERM**  Dermatopathology (TF)
  - Includes Microscopic Description, Microscopic Findings, Prognosis,
    Comments and Dermatopathologist Recommendations

### FOR LABORATORY USE

(Do not write in this space)

1. No. of containers received:____
2. Tissues received:____

### BIOPSY INFORMATION (Fill Out Completely)

**Type of Biopsy:**
- □ Excisional
- □ Incisional
- □ Needle
- □ Endoscopic

**All tissue(s) submitted?**
- □ Yes
- □ No

**Number of Containers Submitted:**
- □ 30 mL
- □ 60 mL
- □ 100 mL
- □ 32 oz.

**Number of Specimens Submitted:**

**Source/Site:**

### LOCATION

[Diagram of horses]