

LAB
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OWNER LAST NAME

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			ANIMAL NAME						
		DATE		DOCTOR					
		/ / CHART #							
		SPECIES			BREED	AGE	SEX		
		☐ EQUIN	IE 🗌			Y/W/D	□M □CM □F		
EQUINE PATHOLOGY SUBMISSION FORM									
CUSTOM PANELS / OTHER REQUESTS					CHOOSE A PATHOLOGIST				
his/her name of the patholo				her name in he pathologi:	ke to direct this case to a specific pathologist, please write in the box below. Please note this is subject to the availability gist at the time of sample receipt. If the pathologist is will be forwarded to the next available Antech pathologist.				
1.									
Submit Routine Equine Test Requests on Equine Form 6 3.									
	EQUINE REPRODUCTIVE PANEL		PATIENT HISTORY (Fill Out Completely)						
СҮТО	Endometrial Cytology			(SL)					
FBX	Endometrial Biopsy			(TF)					
FBEQX	Endometrial Biopsy Plus VGE Stain			(TF)					
SEMEN	Semen Evaluation Semen Cytology, Semen count, WBC, RBC, Semen Morph	(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):	uid Analysis with Cytology Source(s):(LF)							
SYFLUA	Synovial Fluid Anaylsis	(LF)							
TRW	Transtracheal Wash / Broncheoalveolar	Lavage F	Fluid	(LF)					
☐ CSF	CSF with Cytology			(CSF)					
BONE	Bone Marrow Cytology Include current hematology data or EDTA whole blood	(BM)	FOR LABORATORY USE (Please do not write in this space)						
□ FBX	Histopathology, Written Includes Microscopic Description, Microscopic Findings, Pr	ognosis and	l Com	(TF) ments	No. of containers received: Tissues received:				
STAT	BIOPSY STAT FEE (see Service Directory for	details)			2. 1105065 160619				
☐ DERM	Dermatopathology Includes Microscopic Description, Microscopic Findings, Procomments and Dermatopathologist Recommendations	rognosis,		(TF)					
BIOPSY INF		LOCATION							
Type of Biopsy:									