

| | | | |
|--|----------------|------------|---|
| OWNER LAST NAME | | | |
| ANIMAL NAME | | | |
| DATE | DOCTOR | | |
| / / | CHART # | | |
| SPECIES | BREED | AGE | SEX |
| <input type="checkbox"/> EQUINE <input type="checkbox"/> _____ | | Y/W/D | <input type="checkbox"/> M <input type="checkbox"/> CM <input type="checkbox"/> F |

EQUINE PATHOLOGY SUBMISSION FORM

CUSTOM PANELS / OTHER REQUESTS

Write in panels, tests, requests from the equine directory not listed on the form:

CHOOSE A PATHOLOGIST

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

HISTOPATHOLOGY / CYTOLOGY

PATIENT HISTORY (Fill Out Completely)

- BONE** Bone Marrow Cytology (BM)
Include current hematology data or EDTA whole blood
- CSF** CSF with Cytology (CSF)
- CYTO** Cytology Source(s): _____ (SL)
- CYTOREPR** Cytology, Reproduction (SL)
- DERM** Dermatopathology (TF)
a board-certified veterinary dermatologist will evaluate the tissue and provide recommendations
- DERMPATH** Derm Pathology (TF)
a boarded pathologist will evaluate the tissue
- FBX** Histopathology (TF)
Includes Microscopic Description, Microscopic Findings, Prognosis and Comments
- FLUA** Fluid Analysis with Cytology Source(s): _____ (LF)
- SYFLUA** Fluid Analysis, Synovial (SF)
- ORLPATH** Oral Pathology (TF)
a boarded pathologist with a special interest in oral cavity pathology will evaluate the tissue
- STAT** BIOPSY STAT FEE (see Service Directory for details) (TF)
- TTW** Transtracheal Wash / Bronchoalveolar Lavage Fluid (LF)
- STAT** BIOPSY STAT FEE (see Service Directory for details) (TF)

FOR LABORATORY USE (Fill Out Completely)

- 1. No. of containers received: _____
- 2. Tissues received: _____

BIOPSY INFORMATION (Fill Out Completely)

LOCATION

- Type of Biopsy:** Excisional Incisional
 Needle Endoscopic
- All tissue(s) submitted? Yes No
- Number of Containers Submitted: _____
- 40 mL 60 mL 120 mL 480 mL bag
- Number of Specimens Submitted: _____
- Source/Site: _____

