

Submission form

Pathology

LABOKLIN

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Customer-No. / Barcode

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Business hours: Mon - Fri: 8:00 - 19:00 h, Sat: 9:00 - 13:00 h

Submitting veterinary clinic:
 (Stamp or block letters)

Sample:
 Biopsy
 Tumour
 Organ
 Aspirate
 Cytol. slide
 Localization: _____

Owner's address:

Name: _____
 First name: _____
 Street: _____
 Zipcode/city: _____
 Fax/e-mail: _____
 Tel.No.: _____

VAT-ID : _____
 Fax/e-mail: _____
 Date and signature: _____

Courier

Animal data:

Dog Cat Horse Other: _____ Name: _____
 Sex: F M F.N. M.N. Breed: _____ Patient-ID: _____
 Date of sampling: _____ Previous lab-No.: _____ Date of birth: _____

	€
201 Histopathology (tumor diagnostics, dermatopathology, pathology of organs, endoscopic biopsies)	40.15
260 Endometrial biopsy (mare)	37.40
203 Immunohistology following histopathology e.g.: - CD3/CD20 (lymphoma) - c-kit, Ki-67 (mast cell tumor) - epithelial / mesenchymal markers - infections: FeLV, FHV, FCoV ("FIP"), parvovirus	52.80
204 Cytology (aspirate, impression smears, vaginal cytology)	30.80
244 Bone Marrow Cytology (bone marrow (in EDTA-tube + smear), complete blood count (EB))	51.70

	€
205 Thorax, Abdomen (cytology, total protein, specific gravity, cell count, Rivalta's test, cholesterol, triglycerides, LDH, glucose)	37.40
206 Cerebrospinal Fluid (CSF) (cytology, total protein, specific gravity, cell count, glucose)	35.20
207 Synovia, Others (cytology, total protein, specific gravity, cell count)	33.00
Additional Tests	
8418 Lymphocyte Clonality (PARR)	60.50
150 Bacteriology	19.25
151 Mycology	17.60
165 Anaerobes incl. differentiation	18.59

Medical history / requests

Characteristics of the suspected tumor

- | | |
|------------------------------------|--|
| <input type="checkbox"/> invasive | <input type="checkbox"/> multiple |
| <input type="checkbox"/> expansive | <input type="checkbox"/> recurrence |
| <input type="checkbox"/> solitary | <input type="checkbox"/> metastasising |

List of differential diagnoses



010060040023

Further details of the dermatological patient - see back page

General information on skin lesions

Current main skin problem: _____
 Problem since: _____
 Appearance of early lesions: _____
 Systemic illness: yes no _____
 Previous skin or ear problems: yes no _____
 Other animals or people affected: yes no _____
 Symmetry: yes no _____
 Seasonality: yes no _____
 Pruritus: yes no _____
 Degree of pruritus: mild 1 2 3 4 5 6 7 8 9 10 severe

Lesions

- Alopecia
- Depigmentation
- Epidermal collarette
- Erosions
- Erythema
- Excoriation
- Hyperpigmentation
- Callus
- Nodule
- Comedo
- Claw lesions
- Crust
- Lichenification
- Macule
- Scar
- Papule
- Foot pad lesions
- Plaque
- Pustule
- Scale
- Ulcer
- Vesicle

Antibiotics:

Lesions resolved: yes no
 Lesions recur when therapy discontinued: yes no

Previous diagnostics

Skin Scrapings: yes no _____
 Superficial Cytology: yes no _____
 Bacterial culture: yes no _____
 Fungal culture: yes no _____
 Elimination diet: yes no _____
 Wood's light/hair: yes no _____
 Allergy testing: yes no _____
 CBC, chemistry: yes no _____
 Hormone assays: yes no _____
 Immunology (ANA): yes no _____
 Biopsy: yes no _____
 Others: _____

Previous Treatment

Antibiotics: yes no _____
 Type _____ Duration _____ Response _____ %
 Antihistamines: yes no _____
 Type _____ Duration _____ Response _____ %
 Anti-yeast/fungals: yes no _____
 Type _____ Duration _____ Response _____ %
 Glucocorticoids: yes no _____
 Type _____ Duration _____ Response _____ %
 Shampoo therapies: yes no _____
 Type _____ Duration _____ Response _____ %
 Flea controls: yes no _____
 Type _____ Duration _____ Response _____ %
 Anti-scabies: yes no _____
 Type _____ Duration _____ Response _____ %
 Futher: yes no _____
 Type _____ Duration _____ Response _____ %

Further comments:

Feel free to call us

Supply Order:			
<input type="checkbox"/> Serum tubes	<input type="checkbox"/> EDTA tubes	<input type="checkbox"/> Histology containers	<input type="checkbox"/> Submission forms-Allergy
<input type="checkbox"/> Citrate tubes	<input type="checkbox"/> Urine containers	<input type="checkbox"/> containers (formalin)	<input type="checkbox"/> Submission forms-General
<input type="checkbox"/> Heparin tubes	<input type="checkbox"/> Swabs (with medium)	<input type="checkbox"/> Faeces containers	<input type="checkbox"/> Submission forms-Genetics
<input type="checkbox"/> NaF tubes	<input type="checkbox"/> Swabs (without medium)	<input type="checkbox"/> Containers for swabs	<input type="checkbox"/> Dog
<input type="checkbox"/> Envelopes	<input type="checkbox"/> Containers for tubes		<input type="checkbox"/> Submission forms-Genetics
<input type="checkbox"/> Barcodes	<input type="checkbox"/> Slide containers		<input type="checkbox"/> Cat
	<input type="checkbox"/> Packing boxes		<input type="checkbox"/> Submission forms-Genetics
			<input type="checkbox"/> Equine
			<input type="checkbox"/> Submission forms-Hygiene
			<input type="checkbox"/> Submission forms-Farm
			<input type="checkbox"/> Submission forms-Pathology
			<input type="checkbox"/> Submission forms-Equine
			<input type="checkbox"/> Submission forms-Reptiles
			<input type="checkbox"/> Submission forms-Birds and Small Mammals

General Business Conditions:

All prices in Euro ex. VAT / All statements according to our business conditions. See www.laboklin.com / All terms and prices are subject to change.

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