

Your ref: _____ Owner: _____
 Date of dispatch: _____ Clinical notes: _____
 Sample: _____ Examination requested _____



CAPITAL DIAGNOSTICS

Date received: _____ Lab ref: _____
 Histology ref: _____

PRACTICE/OWNER DETAILS

Clinician: _____
 Vet Practice: _____
 Address: _____

 Owner: _____
 Address: _____

SPECIMENS

Number: _____ Type: _____
 Number of animals sampled: _____
 Date collected: _____ Date sent: _____

ANIMAL DETAILS

Species: _____ Breed: _____
 Age: _____ Sex: _____
 Practice ref: _____ Previous CD ref: _____

CLINICAL HISTORY (please include information on drug usage and duration. Continue overleaf if necessary)

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SUSPECTED DIAGNOSIS/DIFFERENTIAL DIAGNOSES

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SAMPLETYPE: Histopathology Fluid analysis 1- cell count, cytology, protein, SG
 Fine needle aspirate Fluid analysis 2 - cell count, cytology, protein, SG, bacteriology

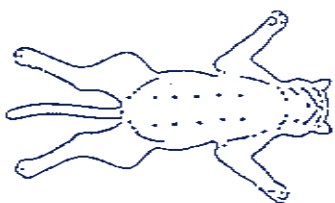
SKIN LESION(S)

Distribution: Please mark on the diagram below the distribution of lesions (circle or shade)

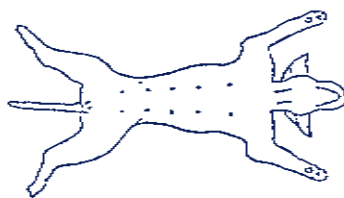
Specimen: Complete lesion/biopsy. Please mark on the diagram below the biopsy site with a X

Size:cm **Duration:** days/months/years

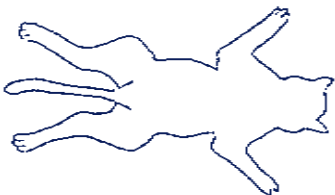
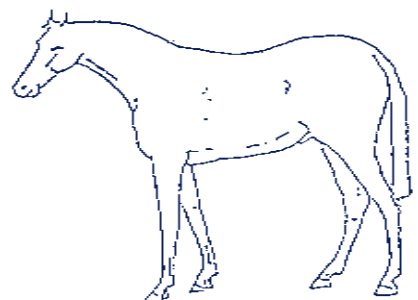
Ulcerated: Yes No **Seborrhoea:** Yes No **Pigmented:** Yes No
Infected: Yes No **Crusting/Scaling:** Yes No **Pruritic:** Yes No
Vesicles: Yes No **Alopecia:** Yes No **Painful:** Yes No



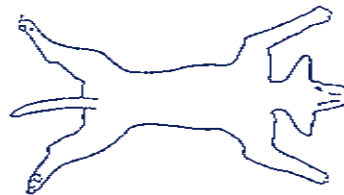
Ventral



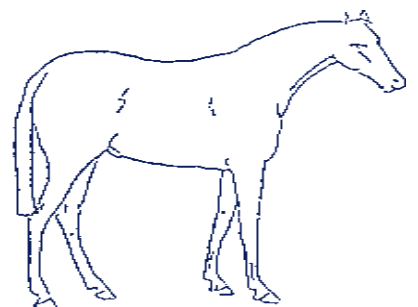
Ventral



Dorsal



Dorsal



INTERNAL TISSUE SUBMISSION (including oral cavity)

Tissue(s) biopsied:.....

Specimen: Complete lesion Biopsy **Colour:** Normal Abnormal Specify
Size: Lesion size: cm **Organ size:** Increased Decreased Normal
Duration: days/months/years **Pigmented:** Yes No **Painful:** Yes No
Consistency: Normal Firm Friable **Haemorrhage:** Yes No **Inflamed:** Yes No

By submitting these samples for testing you accept our Standard Terms and Conditions.
 These can be found at <https://www.sruc.ac.uk/vets/terms>