

# Anatomical Submission Form

## Anatomical Pathology

**IDEXX**

LAB NO.

LAB TECH  
INITIALS

## CONTACT DETAILS

IDEXX Laboratories South Africa: +27 691 8200 (Option 2)

Laboratory E-mail Address: Lab-SA@idexx.com

Date: HP: ID: TECH: EXTRA:

## SENDER

Clinic Name:

Vet:

Tel:

Fax:

E-mail:

Cell:

Postal Address:

Code:

Vet's Ref:

## ANIMAL INFORMATION - PATIENT

Name:

Identification:

Species:

Breed:

Age: ☐ Male ☐ Neutered ☐ Female ☐ Spayed

List of specimens:

Number of specimens:

## OWNER

Name:

Tel:

E-mail:

## EXAMINATION REQUIRED

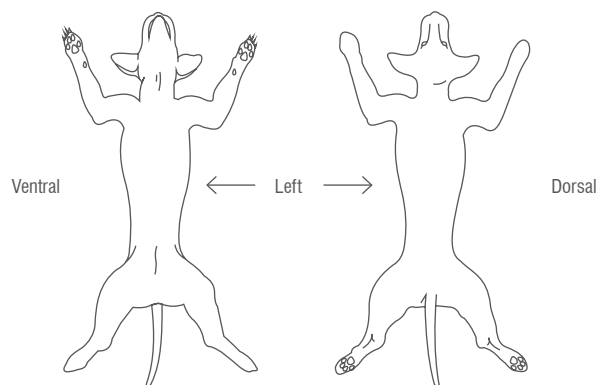
☐ Histopathology (HP)☐ Immunohistochemistry (list available from lab)☐ Electron microscopy virus detection☐ Toxicology☐ Strychnine☐ Pesticides☐ PCR tests (generic) Please specify

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tests not listed / Special requests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INDICATE SITE



Excision tumour biopsy

☐ Yes☐ No

## HISTORY AND CLINICAL DIAGNOSIS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Continue History Overleaf

## AUTHORISATION SIGNATURE FOR TEST REQUESTS

Signature:

Date:

## TO ORDER

## Indicate amount needed

Specimen containers:

☐ 40ml☐ 100ml

Submission forms:

## FOR OFFICE USE ONLY

Date:

Tech:

Blocks:

Decal:

Organs:

Needle:

Tumour:

Skin:

Cassette:

Bone:

Biopsy:

Size: