

Histology and Cytology Submission Form



LAB NO.	
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LAB TECH INITIALS	
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CONTACT DETAILS	
IDEXX Laboratories South Africa:	+27 691 8200 (Option 2)
Laboratory E-mail Address:	Lab-SA@idexx.com

DEMOGRAPHIC INFORMATION REQUIRED	
Vet Practice Name:	Tel No:
Email:	Fax No:
Referring Vet:	Copies Sent to:
Vet's Ref Number:	Date Collected:
Status:	<input type="checkbox"/> Stat <input type="checkbox"/> Routine

PATIENT DETAILS	
Name:	
Owner Name and Surname:	
<input type="checkbox"/> Equine	<input type="checkbox"/> Canine
<input type="checkbox"/> Feline	<input type="checkbox"/> Bovine
<input type="checkbox"/> Ovine	<input type="checkbox"/> Caprine
<input type="checkbox"/> Exotic	<input type="checkbox"/> Poultry/ Avian
Age:	Breed:
<input type="checkbox"/> Male	<input type="checkbox"/> Neutered
<input type="checkbox"/> Female	<input type="checkbox"/> Spayed

SPECIMEN TYPE	<input type="checkbox"/> Blood <input type="checkbox"/> Swab <input type="checkbox"/> Faeces <input type="checkbox"/> Skin <input type="checkbox"/> Organ <input type="checkbox"/> Other (Specify):
	<input type="checkbox"/> Urine <input type="checkbox"/> Cysto <input type="checkbox"/> Free-Flow <input type="checkbox"/> Catheter <input type="checkbox"/> Other (Specify):

A detailed history is essential - PLEASE INDICATE CLEARLY on the CLINICAL HISTORY section on page 2. Sample tubes must be marked with Patient identification and collection date. No responsibility will be taken for errors on unmarked sample tubes.

Suspected Clinical Diagnosis:

CODE	HISTOLOGY	SAMPLE
<input type="checkbox"/> HIST1	Histopathological Examination - 1 site Excludes samples qualifying as large (see HISTL) or GI endoscopic biopsies (see HISTGI). 1 site = 1 lump/lesion or up to 5 punch biopsies per site or of the same pathological process.	
<input type="checkbox"/> HIST2	Histopathological Examination - 2 Sites Excludes samples qualifying as large (see HISTL) or GI endoscopic biopsies (see HISTGI). 2 sites = 2 lumps/lesions or up to 10 punch biopsies per site or of the same pathological process.	
<input type="checkbox"/> HIST3	Histopathological Examination - 3 sites Excludes samples qualifying as large (see HISTL) or GI endoscopic biopsies (see HISTGI). 3 sites = 3 lumps/lesions or up to 15 punch biopsies per site or of the same pathological process.	
<input type="checkbox"/> HIST4	Histopathological Examination - 4 Sites Excludes samples qualifying as large (see HISTL) or GI endoscopic biopsies (see HISTGI).	
<input type="checkbox"/> HIST5	Histopathological Examination - 5 Sites Excludes samples qualifying as large (see HISTL) or GI endoscopic biopsies (see HISTGI).	
<input type="checkbox"/> HIST6	Histopathological Examination - 6 Sites Excludes samples qualifying as large (see HISTL) or GI endoscopic biopsies (see HISTGI).	
<input type="checkbox"/> HIST7	Histopathological Examination - 7 Sites Excludes samples qualifying as large (see HISTL) or GI endoscopic biopsies (see HISTGI).	
<input type="checkbox"/> HIST8	Histopathological Examination - 8 Sites Excludes samples qualifying as large (see HISTL) or GI endoscopic biopsies (see HISTGI).	
<input type="checkbox"/> HIST9	Histopathological Examination - 9 or more sites Excludes samples qualifying as large (see HISTL) or GI endoscopic biopsies (see HISTGI).	
<input type="checkbox"/> HISTGI	Histopathological examination - GI tract Profile Histopathological examination of gastrointestinal biopsies (endoscopic or full-thickness biopsy). Endoscopic biopsies from multiple sites within the GI tract, including oesophagus, stomach, small intestine, large intestine	
<input type="checkbox"/> HISTL	Histology – Large/Whole/Bone Specimen Large specimens defined as: Defined as: Mammary strips (>3 glands), whole organs (e.g. heart, spleen, kidney, uterus, eye, etc.). Intestinal resections, whole liver lobe, whole, lung lobe. Mandibles, amputated limbs, whole digits, bones and all samples requiring decalcification.	
<input type="checkbox"/> HISTPM	Histology - Post mortem (3 or fewer tissues) 3 or fewer tissues. Includes up to 3 pooled poultry sa	
<input type="checkbox"/> HISTPM2	Histology - Post Mortem (4 or more tissues) 4 or more tissues. Includes up to 10 pooled poultry samples	

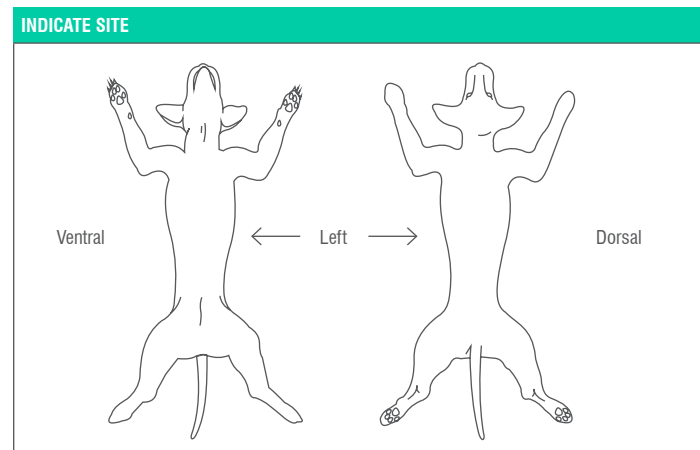
* Any additional antibodies will be billed additionally.
* These are referral tests and incur a referral courier fee.

CODE	HISTOLOGY	SAMPLE
The below tests can only be ordered after initial histology is performed		
<input type="checkbox"/> HISTSS	Histology special stain Sample : Original tissue blocks, prior accession number	
<input type="checkbox"/> IHCR1	Immunohistochemistry Panel (1 Antibody)*	
<input type="checkbox"/> IHCR2	Immunohistochemistry Panel (2 Antibodies)*	
<input type="checkbox"/> PARR	Lymphoma Clonality Test (PARR). This test is outsourced to our IDEXX partner laboratory in Europe.	
<input type="checkbox"/> PARRA	Lymphoma Clonality Test (PARR), additional site	
<input type="checkbox"/> MUTAKIT	MCT c-Kit Mutation assay, canine* Mutation analysis of the c-Kit gene in canine mast cells tumours. Additional sites charged separately (see below). This test is outsourced to our IDEXX partner laboratory in Europe.	
<input type="checkbox"/> MUTAKITA	MCT c-Kit Mutation assay, canine, additional site	
<input type="checkbox"/> HISTKI67	Ki67 Proliferation Marker (For canine mast cell tumour and melanoma)	
<input type="checkbox"/> cBRAF	Canine BRAF Mutation Detection Assay* Sample : 2 – 5 ml urine, 3 urine sediment cytology slides, original tissue block, fixed tissue. This test is outsourced to our IDEXX partner laboratory in Europe.	
CODE	CYTOLOGY	SAMPLE
IMPORTANT: Submissions which exceed the stated maximum number of slides will be charged an excess slide charge.		
<input type="checkbox"/> CYT1	Cytological Examination - 1 site Cytology on slides, maximum of 4 slides.	
<input type="checkbox"/> CYT2	Cytological Examination - 2 Sites Cytology on slides, maximum of 8 slides.	
<input type="checkbox"/> CYT3	Cytological Examination - 3 sites Cytology on slides, maximum of 12 slides.	
<input type="checkbox"/> CYT4	Cytological Examination - 4 Sites Cytology on slides, maximum of 16 slides.	
<input type="checkbox"/> CYT5	Cytological Examination - 5 Sites Cytology on slides, maximum of 20 slides.	
<input type="checkbox"/> CYT6	Cytological Examination - 6 Sites Cytology on slides, maximum of 24 slides.	
<input type="checkbox"/> CYT7	Cytological Examination - 7 Sites Cytology on slides, maximum of 28 slides.	
<input type="checkbox"/> CYT8	Cytological Examination - 8 Sites Cytology on slides, maximum of 32 slides.	
<input type="checkbox"/> CYT9	Cytological Examination - 9 sites or more Cytology on slides, maximum of 36 slides.	
<input type="checkbox"/> CYTLN	Cytological examination - Lymph Node Cytology on slides. No limit to the number of lymph nodes or slides. Please note submission of fluid will be charged the appropriate fluid test code	

CODE	CYTOLOGY	SAMPLE
<input type="checkbox"/> LNCY1	Lymph Node Cytology with 1 Mass/Lesion Cytology on slides. Lymph node (unlimited slides) and 1 additional site (max. 4 slides).	
<input type="checkbox"/> LNCY2	Lymph Node Cytology with 2 Masses/Lesions Cytology on slides. Lymph node (unlimited slides) and 2 additional sites (max. 8 slides).	
<input type="checkbox"/> LNCY3	Lymph Node Cytology with 3 Masses/Lesions Cytology on slides. Lymph node (unlimited slides) and 2 additional sites (max. 8 slides).	
<input type="checkbox"/> WASH1	Flush/Wash/Cystic Fluid Cytology—1 Fluid/Site Cytology. Use for cytologic evaluation of aspirates of cystic fluids, bile, or of washes, such as bronchioalveolar lavage (BAL), transtracheal or endotracheal washes, prostatic washes, or nasal flushes. Please label each sample clearly with site/origin.	
<input type="checkbox"/> WASH2	Flush/Wash/Cystic Fluid Cytology—2 or More Fluids/ Sites Cytology. Use for cytologic evaluation of aspirates of cystic fluids, bile, or of washes, such as bronchioalveolar lavage (BAL), transtracheal or endotracheal washes, prostatic washes, or nasal flushes. Please label each sample clearly with site/origin.	
<input type="checkbox"/> WASH1M	Flush/Wash/Cystic Fluid Cytology with bacteriology Cytology and bacteriology. Use for cytologic evaluation of aspirates of cystic fluids, bile, or of washes, such as bronchioalveolar lavage (BAL), transtracheal or endotracheal washes, prostatic washes, or nasal flushes. Please label each sample clearly with site/origin.	
<input type="checkbox"/> BLSE	Blood Smear Evaluation (By Pathologist)	
<input type="checkbox"/> BM	Bone Marrow Evaluation + B/S	
<input type="checkbox"/> CSF	Cerebrospinal Fluid Analysis - 1 site (no additive) lumbar or cisternal	CSF

CODE	CYTOLOGY	SAMPLE
<input type="checkbox"/> CSF2	Cerebrospinal Fluid Analysis - 2 sites (no additive) lumbar and cisternal.	
<input type="checkbox"/> BCFLD1	Body Cavity Fluid Cytology (Ascitic/Pericardial/Pleural)—1 Fluid/Site	
<input type="checkbox"/> BCFLD2	Body Cavity Fluid Cytology (Ascitic/Pericardial/Pleural)—2 Fluids/Sites	
<input type="checkbox"/> BCFLD3	Body Cavity Fluid Cytology (Ascitic/Pericardial/Pleural)—3 Fluids/Sites	
<input type="checkbox"/> BCFLD4	Body Cavity Fluid Cytology (Ascitic/Pericardial/Pleural)—4 Fluids/Sites	
<input type="checkbox"/> BCFLD5	Body Cavity Fluid Cytology (Ascitic/Pericardial/Pleural)—5 Fluids/Sites	
<input type="checkbox"/> BCFLD6	Body Cavity Fluid Cytology (Ascitic/Pericardial/Pleural)—6 Fluids/Sites	
<input type="checkbox"/> SYN01	Synovial Fluid Cytology - 1 Joint (max. 4 slides/site)	
<input type="checkbox"/> SYN02	Synovial Fluid Cytology - 2 Joints (max. 4 slides/site)	
<input type="checkbox"/> SYN03	Synovial Fluid Cytology - 3 Joints (max. 4 slides/site)	
<input type="checkbox"/> SYN04	Synovial Fluid Cytology - 4 Joints (max. 4 slides/site)	
<input type="checkbox"/> SYN05	Synovial Fluid Cytology - 5 Joints (max. 4 slides/site)	
<input type="checkbox"/> SYN06	Synovial Fluid Cytology - 6 Joints (max. 4 slides/site)	
<input type="checkbox"/> CBRAB	canine BRAF Mutation Detection Assay. This test is outsourced to our IDEXX partner laboratory in Europe.	
<input type="checkbox"/> CYTIM1	Immunocytochemistry (dog and cat) - 1 antibody. This test is outsourced to our IDEXX partner laboratory in Europe.	
<input type="checkbox"/> USC	Urine cytology	

ADDITIONAL HISTORY



SUBMITTING VETERINARY CLINIC

STAMP

Name: _____

Signature: _____

Date: _____

LEGEND

	Sodium citrate collection tube		Impression smear
	Serum collection tube		Fine needle aspirate
	EDTA collection tube		Swab
	Brown top plain tube (No additives)		Water sample
	Sodium Fluoride collection tube		Milk sample
	Serum gel collection tube	TAT	Turn Around Time
	Heparin collection tube	S/d	24 hrs
	Formalin		Organ/ Tissue
	Faecal sample		Fluid
	Urine sample		Sheathwash
	Urine stones		Blood culture bottle

FOR OFFICE USE ONLY

Date Received: _____	Initials: _____	Samples Submitted: _____
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* These are referral tests and incur a referral courier fee.