

business hours: monday - friday: 8.00 - 17.00 h

clinic address: (stamp or block letter)	sample: <input type="checkbox"/> biopsy <input type="checkbox"/> tumor <input type="checkbox"/> organ <input type="checkbox"/> aspirate <input type="checkbox"/> cytol. slide	owners address: (block letter only, please) name: _____ first name: _____ street: _____ zip/city: _____	Invoice to: <input type="checkbox"/> veterinarian <input type="checkbox"/> owner _____ (owner signature for direct invoicing)
date and signature	<input type="checkbox"/> results by phone	<input type="checkbox"/> fax	<input type="checkbox"/> e-mail
		<input type="checkbox"/> courier	

datas of patient: dog cat horse bird other: _____ name: _____
sex: ♀ ♂ breed: _____ EDV-no.: _____ age: _____
sample date: _____ previous findings no.: _____

- 201 Pathohistology
 + further clinical dermatology review, on request
- 209 Immunohistologic phenotyping (e.g. lymphoma)
- 204 Cytology

- 205 Aspirate:
Thorax, Abdomen
(Cytology, total protein, specific gravity, cell count, rivalta, cholesterol, triglycerides)
- 206 Cerebrospinal fluid
(Cytology, total protein, specific gravity, cell count, glucose)
- 207 Synovia, Other
(Cytology, total protein, specific gravity, cell count)

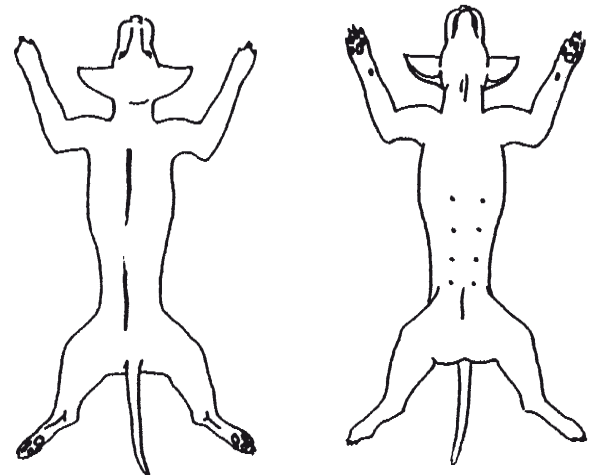
general comments with skin cases:

Current chief complaint: _____
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
Pruritus: yes no
Seasonal: yes no
Severity of pruritus: mild 1 2 3 4 5 6 7 8 9 10 severe
localisation:
 Face Feet Rump Abdomen
 Neck Ears Legs Tail
 Flank Other: _____

tumor:

growth
 invasive multiple
 expansive recurrence
 solitary metastasising

locations:



dorsal

ventral

List clinical differential diagnosis (very important!)

Special statements for skin see page 2.

3001

Lesions:

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

Previous diagnostic testing:

- Skin scrapings yes no _____
- Surface 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 _____
- Other _____

Previous Treatment:

- Antibiotic yes no type _____ duration _____ response _____ %
- Antihistamine yes no type _____ duration _____ response _____ %
- Anti-yeast/fungal yes no type _____ duration _____ response _____ %
- Glucocorticoid yes no type _____ duration _____ response _____ %
- Shampoo therapy yes no type _____ duration _____ response _____ %
- Flea control yes no type _____ duration _____ response _____ %
- Anti-scabies yes no type _____ duration _____ response _____ %
- _____ type _____ duration _____ response _____ %

Antibiotic:

- Lesions did resolve yes no
- Lesions recur when therapy stopped yes no

Further information:

order:

<input type="checkbox"/> tubes (blood/serum (1)	<input type="checkbox"/> swab with transp.medium (6)	<input type="checkbox"/> containers (11)	<input type="checkbox"/> order sheets- general (8)
<input type="checkbox"/> clotting (2)	<input type="checkbox"/> swab without transp.med. (6a)	<input type="checkbox"/> slide containers (12)	<input type="checkbox"/> order sheets- allergy (9)
<input type="checkbox"/> tubes hematol. exam. (3)	<input type="checkbox"/> container for swabs (6b)	<input type="checkbox"/> medium for chlamydia antigen (13)	<input type="checkbox"/> order sheets- histology (17)
<input type="checkbox"/> heparin tubes (3a)	<input type="checkbox"/> urine containers (7)	<input type="checkbox"/> histology containers (formalin) (14)	<input type="checkbox"/> order sheets- hygiene (40)
<input type="checkbox"/> glucose (NaFI-blood) (4)	<input type="checkbox"/> envelopes small (36)	<input type="checkbox"/> ACD tube for CAST (47)	<input type="checkbox"/> order sheets - genetic (50)
<input type="checkbox"/> faeces containers (5)	<input type="checkbox"/> envelopes large (10)		

general conditions of business:

October 2007 /All statements according to our conditions / All terms and prices are subject to change.