

BARCODE

REFERRING VET SURGERY

REQUEST DATE

**ASAP CPD Program Request** Tel: 1300 VETLAB (838 522)

Collection Date  
(if different)

OWNER'S SURNAME	ANIMAL NAME (OR CODE)	CLINIC REF #
SPECIES	BREED	AGE: W/M/Y
		<input type="radio"/> M <input type="radio"/> MN <input type="radio"/> F <input type="radio"/> FN

ROUTINE  
 URGENT

VET DETAILS SURNAME:	GIVEN NAME:	AVA MEMBER? <input type="checkbox"/> Y <input type="checkbox"/> N	AVA NUMBER:
-------------------------	-------------	---	-------------

Please Note: You must use a separate form for each discrete mass/nodule and submit all together.  
GROSS LESION DESCRIPTION: (continue overleaf if required).

CYTOLOGICAL DESCRIPTION:

Previous pathology performed?  Y  N Vet Surgeon Signature

PREFERRED DIAGNOSIS: \_\_\_\_\_

DIFFERENTIAL DIAGNOSES: \_\_\_\_\_

SKIN BIOPSY: (circle if present)

Generalised/Multi/local skin disease	Seborrhoea	Bilateral/Symmetry
Alopecia	Seasonal	Epidermal Collarette
Bulla	Sinus	Hyperpigmentation
Comedone	Ulcer	Hypopigmentation
Crusts	Wheal	Lichenification
Erythema		
Excoriation		
Fleas		
Fungi		
Macule		
Mites		
Nodules		
Papule		
Patch		
Plaques		
Pruritus		
Pustule		
Scale		
Scar		

TUMOR or MASS:  
Size: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm  
Mobile/Fixed \_\_\_\_\_  
Single/Multiple \_\_\_\_\_  
New Lesion/Recurrence \_\_\_\_\_  
No \_\_\_\_\_  
Do you want the surgical margins examined? \_\_\_\_\_  
Yes/No \_\_\_\_\_

Site: \_\_\_\_\_  
Consistency: \_\_\_\_\_  
Rate of Growth: Slow/Rapid/Not Known \_\_\_\_\_  
Metastases Present Yes/No \_\_\_\_\_  
Was the entire mass submitted? Yes/No \_\_\_\_\_

Please shade affected skin and mark site of biopsy on diagram:



Dorsal



Ventral

LYMPH NODE: Site: \_\_\_\_\_  
Size: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm Colour: \_\_\_\_\_  
Are there any other lymph nodes enlarged? \_\_\_\_\_  
Is there a tumor or a site of inflammation or trauma in the region of this node? \_\_\_\_\_

OTHER ORGANS/TISSUES:  
Organ/Tissue: \_\_\_\_\_ Comments: \_\_\_\_\_

CYTOLOGY:  
Site: \_\_\_\_\_ Method of Collection: \_\_\_\_\_

OFFICE USE ONLY	
Dx: <input type="checkbox"/> Y <input type="checkbox"/> N	
Cat: <input type="checkbox"/> In <input type="checkbox"/> BN <input type="checkbox"/> MN <input type="checkbox"/> O	Marg: <input type="checkbox"/> Comp <input type="checkbox"/> Inc

HISTOPATHOLOGY

- 501 Single tissue/mass
- 501B Histopathology Follow Up (within 7 days of previous cytology or histopathology)
- 502 Additional tissue/lump
- 503 Ex laparotomy/post mortem Up to 3 tissues or 1 Brain sample
- 504 Ex laparotomy/post mortem 4 - 12 tissues
- 512 Histopathology on up to 3 skin masses excl margin

CYTOLOGY

- 401 Routine cytology (single site)
- 402 Cytology additional (submitted with 401)
- 403 Body fluid analysis (thoracic, abdominal, pericardial, synovial)
- 404 Bronchoalveolar lavage/tracheal wash
- 405 Bone marrow examination
- 407 CSF analysis

ADDITIONAL TESTS

- 351 Routine culture and sensitivity
- 352 Routine culture and sensitivity when added to fluid analysis (403)

SITE \_\_\_\_\_

TISSUES SUBMITTED: FIXED ..... FRESH SAMPLE .....

Office use only: E G P L FO Sbl U Sm Fl Tfo Tfr Swab F Cit Other